

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000053213**

1. Corporation Name
ONE LOVE GROCERIES / TAKE OUT INC.

2. Principal Office Address
1350 N.E. 125th ST.
Suite, Apt. #, etc.
100
City & State
NORTH MIAMI, FL.
Zip
33161 Country
U.S.A.

3. Mailing Office Address
1350 N.E. 125th ST.
Suite, Apt. #, etc.
100
City & State
NORTH MIAMI, FL.
Zip
33161 Country
U.S.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 19 AM 8:00

200023363502
09/26/03--01059--020 **150.00

REINSTATEMENT **02-03**

05/21/02 91220 021 *150.00

4. Date Incorporated or Qualified To Do Business in Florida **05/30/2001** MRS

5. FEI Number **65-1111081** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

7. Name and Address of Current Registered Agent

Name **DORPATIE, MOHAMMAEDX**

Street Address (P.O. Box Number is Not Acceptable)
1350 N.E. 125th STREET

Suite, Apt. #, Etc.
100

City **NORTH MIAMI** State **FL** Zip Code **33161**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.05C3, F.S.

Signature of Registered Agent **X see attached for signature** Date **9-16-2003**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MOHAMMAEDX DORPATIE	1350 N.E. 125 ST, SUITE 100	N. MIAMI, FL. 33161
D	RAEUBER, GASTRI	1350 N.E. 125 ST, SUITE 100	N. MIAMI, FL. 33161

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **X [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-03 305-891-3647
Date Daytime Phone #

CORP. 1001 JAN 03

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000053213**

1. Corporation Name

ONE LOVE GROCERIES & TAKE OUT, INC.

Principal Place of Business

**1350 NE 125TH STREET
SUITE 100
MIAMI FL 33161**

Mailing Address

**1350 NE 125TH STREET
SUITE 100
MIAMI FL 33161**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/30/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1111081	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MOHAMMAEDX, DORPATIEE	1650 NE 174TH STREET	N MIAMI BEACH FL 33162
D	RAEUBER, GAITRI	1650 NE 174TH STREET	N MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DORPATIEE, MOHAMMAED 1650 NE 174TH STREET N MIAMI BEACH FL 33162		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Date _____
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

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ONE LOVE GROCERIES & TAKE OUT INC.

1350 NE 125th STREET, SUITE 100
NORTH MIAMI, FL 33161

November 22, 2002

FLORIDA DEPT. OF STATE / DIVISION OF CORPORATIONS,
PO BOX 6327
TALLAHASSEE, FL 32314

RE : ANNUAL REPORT YEAR 2002 FEI # 65-1111081

Gentlemen,

Referring to the attached APPLICATION FOR REINSTATEMENT which we were shocked to receive, we wish to argue as follows:

We had mailed to your office by 4/22/02 the original ANNUAL REPORT with a check for \$150.00 to cover the filing fee. As confirmed by your office on the telephone, our check was received and cashed but a letter was apparently sent to us, asking us to provide our Federal Identification Number (not printed on the Annual Report). We have no knowledge of having received said request after May 1st and up to this writing.

Due to the fact that we have done what was required of us to file the original Annual report on time (before May 1st), we do not feel that we deserve that stiff penalty of \$600 + \$150 for the Reinstatement Application. We never received the second request - referring to the FEI number - and consequently we should not be penalized in such a harsh manner.

IN THE NAME OF JUSTICE AND IN THE NAME OF GOD WHO JUDGES THE INJUSTICES OF THIS WORLD, WE ARE ASKING YOU TO PLEASE REVERSE, CANCEL OR WAIVE THAT PENALTY AND REINSTATE OUR CORPORATION.

Thanking you in advance for your prompt and positive response to our plea, we remain with our best regards.

Sincerely Yours
ONE LOVE GROCERIES AND TAKE OUT INC.