

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000063147**

1. Corporation Name

Sa delkha's Groceries, Inc.

2. Principal Office Address

**530 Foster Road, Hallandale
Beach FL 33009**

Suite, Apt. #, etc.

City & State

Hallandale Beach FL 33009

Zip Country

33009 USA

3. Mailing Office Address

530 Foster Road - Hallandale Beach FL 33009

Suite, Apt. #, etc.

City & State

Hallandale Beach FL 33009

Zip Country

33009 USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-25-01

5. FEI Number

65-1108269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Sandra Austin

Street Address (P.O. Box Number is Not Acceptable)

5649 SW 27th St.

Suite, Apt. #, Etc.

Apt # 1

City

Hollywood

State

FL

Zip Code

33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sandra Austin

REGISTERED AGENT MUST SIGN

Date **11-18-03**

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
PSTO	Sandra Austin	5649 SW 27th St. Apt 1	Hollywood FL 33023

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:

Sandra Austin - Sandra Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-03

Date

954-987-2141

Daytime Phone #