

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS



FILED

03 JAN -7 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091972

1. Corporation Name

SS CONVENIENT INC.

Principal Place of Business

4319 GANDY BLVD  
TAMPA FL 33611

Mailing Address

4319 GANDY BLVD  
TAMPA FL 33611

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

09/17/2001

Suite, Apt. #, etc.

4319 W GANDY BLVD

Suite, Apt. #, etc.

4319 W. GANDY BLVD

City & State

TAMPA FL

City & State

TAMPA FL

5. FEI Number

59-374368-5

Applied For

Not Applicable

Zip

33611

Country

HILLSBOROUGH

Zip

33611

Country

HILLSBOROUGH

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
P	ASRU SAHA	2424 CEDARCREST PL	TAMPA FL 33611
			800009922738 01/07/03--01068--003 **8.75
			800009922738 01/07/03--01068--002 **150.00

8. Name and Address of Current Registered Agent

SAHA, ASRU  
4319 GANDY BLVD  
TAMPA FL 33611

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-31-02

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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-31-02

Daytime Phone #

813-837-8237

CR2040 (8/02)

To,  
DEPARTMENT OF STATE  
JIM SMITH,  
SECRETARY OF STATE  
DIVISION OF CORPORATION.

12-31-02

SIR/MADAM,

I am sorry to respond so  
late for the Renewal of corp.  
"S.S. CONVINIENT INC." I was out of  
TOWN and some How miss the letter.  
Please accept my apologize and please  
find the renewal form and the fees.

Thank you.

ASRU SAHA (President)  
SS .. CONVINIENT INC.