

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000092622

1. Corporation Name HIP HOP LUCKY CORNER OUTLET INC

2. Principal Office Address

216 N 25th ST

Suite, Apt. #, etc.

City & State

FT Pierce FL

Zip 34947 Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

November 9, 2001

5. FEI Number

26-0039778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ferial Mustafa

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

216 N 25th ST

Suite, Apt. #, Etc.

City

FT Pierce

State

FL

Zip Code

34947

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 Ferial Mustafa

Date 11/18/03

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

Manager Ferial Mustafa

216 N 25th ST

FT Pierce, FL 34947

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:

Ferial Mustafa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03

Date

(772) 464-3733

Daytime Phone #

CR2E081 (10/02)

Division of Corporations

We have moved 2 times since Nov 2001
and we made a mail forward change in the
post office and we never received the
renewal ~~at~~ form. We are very sorry
for all the trouble we may have caused you.

Here is a check for \$150.00 for
the renewal.

Thank you very much
Ferial Mustafe

P.S. please feel free to call me for any

information you may need.

(772) 464-3733