

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 10 PM 2:56

TALLAHASSEE, FLORIDA

**DOCUMENT # P01000102783**

**1. Corporation Name**

BARAKA FOOD MARKET, INC.

**2. Principal Office Address**

6901 N Nebraska Ave

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Tampa, FL

**City & State**

**Zip**

33604

**Country**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/22/2001

**5. FEI Number**

59-3750986

**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**

Abdel Qader

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

2210 Central Avenue

Suite, Apt. #, Etc.

**City**

Tampa

**State**

FL

**Zip Code**

33602

200030235512  
03/10/04--01052--015 \*\*300 00

**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**

**Date**

3-5-04

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
P	Abdel Qader	2210 Central Avenue	Tampa, FL 33602
V	Izedehar Qader	2210 Central Avenue	Tampa, FL 33602

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

3-5-04

**Daytime Phone #**

CR2E081 (01/04)

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*Baraka Food Market, Inc.*

10809 N. 56<sup>th</sup> Street, Temple Terrace, Florida 33617  
(813)877-6371 FAX(813)868-0774

State of Florida  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

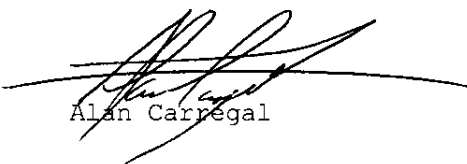
5 March 2003

RE: Baraka Food Market, Inc. DOC# P01000102783

To Whom It Concern:

This letter is to inform you that my client, Abdel Qader, did not receive notification of renewal and thusly we are requesting that any filing fees be waived and per my conversation with a state agent enclosed please find a check for \$300.00 and a reinstatement application.

Sincerely,



Alan Carregal