

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0100D106882

1. Corporation Name

5 BROTHERS GROCERY, Inc.

2. Principal Office Address - No P.O. Box #

930 Southard St

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

930 Southard St.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

7. Name and Address of Current Registered Agent

Name

HERIBERTO PAEZ JR.

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

930 Southard St

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

Heriberto Paez Jr.

REGISTERED AGENT MUST SIGN

Date 1 May 07

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
<u>PSTD</u>	<u>HERIBERTO PAEZ, JR</u>	<u>930 Southard St.</u> <u>Key West, FL 33040</u>	<u>Key West, FL 33040</u>

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 contained in Chapter 119, 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:

Heriberto Paez Jr.

HERIBERTO PAEZ, JR.

1 May 07

305-296-5205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

2007 MAY -4 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200103196462

05/24/07--01025--005 \*\*450.00

**REINSTATEMENT**

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

11/06/01

5. FEI Number

65-1149637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

5/14/07