

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000002690

1. Corporation Name

MCCOY'S FOOD MART, INC

2. Principal Office Address - No P.O. Box #
2823 JEFFERSON STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARIANNA, FLORIDA

City & State

Zip
32448

Country
USA

Zip

Country

REINSTATEMENT 06-08
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **01/09/2002**

5. FEI Number
01-0557943

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
CLAYTON O ROOKS, CPA

Street Address (P.O. Box Number is Not Acceptable)
2438 FILLMORE DRIVE

Suite, Apt. #, Etc.

City
MARIANNA

State
FL

Zip Code
32448

☒ 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.

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

Clayton O. Rooks

REGISTERED AGENT MUST SIGN

Date **1-21-08**

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
D	TIMOTHY E MCCOY	4171 HOWARD CIRCLE	MARIANNA, FL 32446
D	SUZETTE MCCOY	4171 HOWARD CIRCLE	MARIANNA, FL 32446
			900112644309 11/28/07--01016--003 **300.00
			900112644309 02/14/08--01046--009 **158.75

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:

Suzette McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-07 **850-526-2921**
Date Daytime Phone #