

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 13 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000033303

1. Corporation Name

SALIM FOOD STORES INC.

1411 KATHLEEN RD
1411 KATHLEEN RD

2. Principal Office Address

1411 KATHLEEN RD

3. Mailing Office Address

1411 KATHLEEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL.

City & State

LAKELAND, FL.

Zip

33805

Country

USA

Zip

33805

Country

USA

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

5. FEI Number
01-0636973

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

INTESAR SALIM

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

1411 Kathleen Rd

Suite, Apt. #, Etc.

Lakeland

City

State
FL

Zip Code

33805

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

INTESAR SALIM

REGISTERED AGENT MUST SIGN

Date

5/10/04

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.D.	INTESAR SALIM	1411 KATHLEEN RD. LAKELAND	LAKELAND, FL. 33805

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:

INTESAR SALIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/04

Daytime Phone #

813-760-7658

CR2001 (01/04)

PS 2022

PROFESSIONAL BOOKKEEPERS



110 S. MANHATTAN AVE. ♦ #64 ♦ TAMPA, FL. 33609 ♦ HILLSB.
Phone 813-760-7658 ♦ Fax 813-282-3169

May 12, 2004

TO WHOM IT MAY CONCERN:

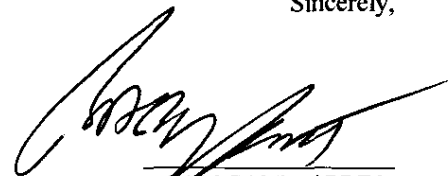
THE FILING FOR THIS CORP. WAS LATE FOR THE REASON OF, THE RENEWAL WAS SEND TO THE
WRONG ADDRESS.

THE NEW ADDRESS IS 1411 KATHLEEN RD. IN LAKELAND, FL. 33805.

IF YOU NEED ANY MORE INFORMATION PLEASE CALL THE ABOVE # OR WRITE TO THE ABOVE
ADDRESS.

P02000033303

Sincerely,



SAM SALEH/ PRES.