## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E, H୍ରod

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P02000049806

1. Corporation Name

KWIK STOP #29283, INC.

	•	
Principal Place of Business		M

1133 S. UNIVERSITY DRIVE

SUITE 202

PLANTATION Ft 32324

2792

Mailing Address

1433 3. UNIVERSITY DRIVE

SUITE 202 PLANTATION FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

		767 O 17 OO	0.00000	LIC.Y	**100,00	
1	Date Incorporated or Qualified     To Do Business in Florida		05	5/06/2002		
	-	EEI Number				_

REINSTATEMENT 03

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State Winter F	Park Wir	Her Park	Florida

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s) 1	Name of Officers and/or Directors		eet Address of Each icer and/or Director	City / State / Zip	
D	BASHIR, YOUSEF M	4550 GOLDENRO	D RD.	WINTER PARK FL 32792	
<del></del>					
	,				
8. Name and Address of Current Registered Agent		ent	9. Name	and Address of New Registered Agent	

BASHIR, YOUSEF M. 4550 GOLDENROD\_RD-WINTER PARK FL 32792 4500 N. Golden rod it

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

Park 21.

ar K

O AsttiR

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-01-03

11. 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.

SIGNATURES

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-01-03 (407) 679-2211

Division of Corporations

P.O. Box 6327

Tallahassec Fl. 32314-6327

Nov. 30-03

Please find check for \$150 - fenewal fee for the Corporation Kwikstop Do. 29283.

I déd not receive The orisinal Annual Report properly sent to Worng address.

please make Correction for Address as business and marking Address as:

Kwik stop # 29283 4550 N. Goldennod rd. Winter park Fl. 32792

> JONSEF M. BASHIN President of The Company

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