

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000060157

1. Corporation Name

KALLATTU GROCERIES INC.

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

9710 STIRLING ROAD

3. Mailing Office Address

9710 STIRLING ROAD

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

Zip

33024

Country

U.S.A.

Zip

33024

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2002

5. FEI Number

46-0485260

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
JOSE THOMAS, C. P. A.

Street Address (P.O. Box Number is Not Acceptable)
9710 STIRLING ROAD

Suite, Apt. #, Etc.

101

City
COOPER CITY

State
FL

Zip Code
33024

☒ 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

REGISTERED AGENT MUST SIGN

Date **10/01/2007**

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	JOSEPH K SIMON	3801 NW 9 TH AVENUE	OAKLAND PARK FL 33309
VP	ANNA SIMON	3801 NW 9 TH AVENUE	OAKLAND PARK FL 33309

700110872397
10/17/07--01005--019 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE THOMAS

10/01/2007

Date

954-435-7272

Daytime Phone #