

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 25 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020000083357**

1. Corporation Name

**MIDTOWN SUPERMARKET OF
CUBANA**

2. Principal Office Address

1856 18TH AVENUE

Suite, Apt. #, etc.

City & State

ST PETE FL

Zip

33712

Country

3. Mailing Office Address

5737 147 AVENUE

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33760

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/02

5. FEI Number

371437691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

ERIC MALLAY

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

1844 18TH AVENUE

Suite, Apt. #, Etc.

ST PETE FL 33712

City

State

FL

Zip Code

33712

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

Eric Mallay

REGISTERED AGENT MUST SIGN

Date **2/23/05**

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
PRES	PATRICE ANDERSON	5737 147TH AVENUE	CLEARWATER FL 33760

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03/22/05--01026--004 **1058.75

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 under section 119.07(3)(l), 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:

Patrice Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05 727 822 6345

Date

Daytime Phone #