PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

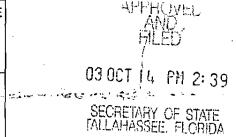
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#	P0200	2009	6529.

1. Corporation Name

M & E SUPER STOP, INC.



	/ /				1	•		
4191 RAVENSWOOD ROAD 419		Mailing Addr	Mailing Address 4191 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312			•		
If above	addrasses are incorrect in any way lin	a through incorrect i	nformation and enter	correction below	REINS	STATEME	MT 2003	
			New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida			
		Suite, Apt. #			To Do Business in Florida 09/03/2002 5. FEI Number Applied For			
City & State		City & State	City & State		300/477/5 Not Applicable			
Zip	Country	Zip	Countr	у	6. 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 (Flo	orida nonprofit corpora	ations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			reet Address of Each flicer and/or Director		Ci	ty / State / Zip	
D	D ELFOURANI, MOHAMAD		2220 N. 57TH TERRACE			HOLLYWOOD FL 33021		
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	8. Name and Address of Curr	ent Registered Age	ent ent		9. Name and A	Address of New Regist	tered Agent	
=:=0:				Name				
ELFOURANI, MOHAMAD 2200 N. 57TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOODDALE FL 33021		Suite, Apt. #, Etc.						
				City State Zip Code FL				
10. I, bein	g appointed the registered agent of the	above named corpo	oration, am familiar w	ith and accept the ob	bligations of Section	on 607.0505, F.S. or 61		
							I	
Signature Registered		lan -				Date /B- /	4- 03	
, registered	Admit Create Marie Free	REGISTERED AG	ENT MUST SIGN		*			
	y that I am an officer or director or the r							

1. 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.

83.954-260310

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #