


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 10 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097189		
1. Entity Name AMJ CORAL SUPERMARKET, INC.		

Principal Place of Business 275 SW 37TH AVE MIAMI, FL 33134	Mailing Address 275 SW 37TH AVE MIAMI, FL 33134
---	---

2. Principal Place of Business	3. Mailing Address 5374 SW 186 Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. MIRAMAR
City & State	City & State FL
Zip	Country
33029	USA



REINSTATEMENT

4. FEI Number 76-0712282	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
-----------------------------	---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent AKBAR, JUNAID 275 SW 37TH AVE MIAMI, FL 33134	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	5374 SW 186 Way
City	MIRAMAR FL
Zip Code	33029

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKBAR, JUNAID 275 SW 37TH AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5374 SW 186 Way MIRAMAR FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANZER, MASOOD 275 SW 37TH AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5374 SW 186 Way MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNAID, FOUZIA 275 SW 37TH AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5374 SW 186 Way MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100061344481 11/10/05--01041--011 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Amjad Ahsan</u>	President	11-8-05	954 6008 445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #