REINSTATEMENT

DOCUMENT # P02000108536 1. Entity Name ORANGE BLOSSOM FOOD MART, INC.					FI FI	ROVEL AND LED	
101 SAN JUA ALTAMONTE	SPRINGS, FL 32714 US	Mailing Address 101 SAN JUAN COURT ALTAMONTE SPRINGS, FL 32714 US		SECRETAR	9 AM IO: 46 Ry of State See. Florida		
2. Principal P 2012 S.	Place of Business OBT	3. Mailing Address 101 SAM DUAN CT					ALLI HILLO
Suite, Apt.	#, etc	Suite, Apt. #, etc.		HEINSTATEN	8 (6/01)	box	
City & State ORLAND , FL		City & State ALTAMONTE SPRING		FL-3000	4. FEI Number 16-1634628	No	ot Applicable
32805	Country ORANGE	32714	Country SEM	INOLE	5. Certificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent			
THAKUR, ILLIAS					IAS THAKUR		
101 SAN J	IUAN COURT ITE SPRINGS, FL 32714			Street Address (P.O. Box Number is Not Acceptable)			
				<u></u>	·		
				City ALTA	MONTE SPRINKS	FL Zip Code	32714
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							
FILE NOWIII FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					7/10/06235 12/22/0501042	55617 -001 **750.0	10
10.	OFFICERS AND I				ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS	SIN 11
TULE	THAKUR, ILLIAS	□.Delete	TITLE		RESIDENT	☐ Change	Addition
NAME STREET ADDRESS	101 SAN JUAN COURT		NAME STREET		LIAS THAKUR I SAN ƏVAN ET		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714			-ZIP AL	TAMONTE SPRINGS	FL-32714	
TITLE NAME	S MOLLAH, KOHINOOR		TITLE	S	LIAS THAKUR—	Change	☐ Addition
STREET ADDRESS	L			ADDRESS O	SAN JUAN CT	_	
CITY-ST-ZIP	P ALTAMONTE SPRINGS, FL 32714			·ZIP AL	ta Monte Springs	FL 32714	
NAME TREET ADDRESS TIY-ST-ZIP	·	☐ Oelete	NAME STREET A	ADDRESS 20/3	VP MUN NAHAR MIA S. ORANAE BLOSSOM ANDO, FL- 32805	Change "	Addition
AME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	NDDAESS	70006235 02/14/0601024	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A			Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST		K. Es	Change Land Land Land Land Land Land Land Land	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: Mias Plate / ILLIAS THAKUR PRESIDENT 12-19-05 - 407-872-0983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR Date Days of Days o