

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000109913

1. Corporation Name

J & R GROCERY CORP.

2. Principal Office Address

112 6TH AVE.

Suite, Apt. #, etc.

City & State

WAUCHULA, FL

Zip

33873

Country

U.S.A.

3. Mailing Office Address

112 6TH AVE.

Suite, Apt. #, etc.

City & State

WAUCHULA, FL

Zip

33873

Country

U.S.A.

REINSTATEMENT

05-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/16/02

5. FEI Number

82-0577350

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 PERALTA

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

112 N. 6th Ave.

Suite, Apt. #, Etc.

City

Wauchula

000026913010

01/14/04--01025--025 **750 00

000026913010

01/14/04--01025--026 **150 00

State

FL

Zip Code

33873

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

Jose Peralta

REGISTERED AGENT MUST SIGN

Date 12-30-03

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	JOSE PERALTA	112 N. 6th Ave.	Wauchula, FL 33873
VP	FELIX PERALTA	3936 Mendoza Ave.	Sebring, FL 33872

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)(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.

SIGNATURE:

Jose Peralta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03

Date

(863)773-9149

Daytime Phone #

CR2081 (10/02)