

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

FILED

07 JAN 24 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/30/07--01004--023 **450.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000119561

1. Corporation Name

PAYLESS FOOD STORE, INC.

2. Principal Office Address

12651 S. DIXIE HWY

3. Mailing Office Address

12651 S. DIXIE HWY

Suite, Apt. #, etc.

322

Suite, Apt. #, etc.

322

City & State

PINECREST, FLORIDA

City & State

PINECREST, FLORIDA

Zip

33156

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2002

5. FEI Number

03-0491483

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

IQBAL SATTAR

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

12651 S. DIXIE HWY

Suite, Apt. #, Etc.

322

City

PINECREST

State

FL

Zip Code

33156

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

ISATTAR

REGISTERED AGENT MUST SIGN

Date

JANUARY 23, 2007

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
PD	IQBAL SATTAR	12651 S. DIXIE HWY - 322	PINECREST, FL 33156

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 contained in Chapter 119, 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:

ISATTAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 23, 22007

Date

Daytime Phone #

K. Eckel JAN 24 2007

2/2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS 2005 & 2006 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. I'M ALSO SENDING THE \$150.00 FOR 2007. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY YOURS,



IQBAL SATTAR
PRESIDENT