

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000123208

1. Corporation Name

786-Grocery stores Inc.

2. Principal Office Address

11510 SW 147th Ave

Suite, Apt. #, etc.

#7

City & State

MIA MI FL-33196

Zip

33196

Country

Dade (MIA)

3. Mailing Office Address

11510 SW 147th Ave #7

Suite, Apt. #, etc.

City & State

MIA FL-33196

Zip

33196

Country

Dade (MIA)

REINSTATEMENT
CR2E081 (12/05) 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 74-5306965

Applied For

23-07-06-003-7

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

23-07-06-003-7

Name

Mohammad Shafique

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

11510 SW 147th Ave #7

Suite, Apt. #, Etc.

City

MIA MI

State

FL

Zip Code

33196

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

M Shafique

REGISTERED AGENT MUST SIGN

Date 12-07-06

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
owner	Mohammad Shafique	14033 SW 160th Ter	MIA FL-33177

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:

M Shafique

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-07-06 (786-3061647)

Date

Daytime Phone #

FEI # 74-5306965

B. Mitchell JAN 25 2007

FILED

07 JAN 25 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/30/07--01017--020 **150.00

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To

FLORIDA DEPARTMENT OF STATE
Division of Corporation


From

786 grocery store

As per our conversation, I am writing you this letter stating that because I lost contact with my accountant, I did not receive the notice of renewal of my corporation. I recently by chance found out and want to reinstate it as soon as possible. I am sending you the application along with the fee for ^{three} two years. If you need anything You can reach me at 786-306-1647

THANKS

President


12/7/06