

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 21 AM 8:00

DOCUMENT # ~~P020001244881~~

1. Corporation Name

P02000124481

touch down food market, inc.,

2. Principal Office Address

2501 old dixie hwy

3. Mailing Office Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

riviera beach florida

City & State

Zip

33404

Country

u s a

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 11-18-2002

5. FEI Number

06-1663354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

khalid hamid

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

2501 old dixie hwy

Suite, Apt. #, Etc.

City

riviera beach

State

FL

Zip Code

33404

500036973515
05/21/04-01010-003 **1090.00

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

Date 04-27-04

REGISTERED AGENT MUST SIGN

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
presiden	khalid hamid	2501 old dixie hwy	riviera beach florida 33404

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 taxes 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-04 (561) 352-4794

Date

Daytime Phone #

CR2E001 (01/04)