

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -9 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000018747

1. Corporation Name

C.M. VARIETY STORE, INC
520 E. MADISON STREET
STARKE, FL 32091

2. Principal Office Address

520 E. MADISON ST.
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

STARKE, FL

Zip

32091

Country

US

City & State

STARKE, FL

Zip

32091

Country

US

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

2/17/03

5. FEI Number

11-3678308

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name

CHIEM HUON, D.D.

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

520 E. MADISON STREET

Suite, Apt. #, Etc.

City

STARKE

State

FL

Zip Code

32091

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

Chiem Huon

REGISTERED AGENT MUST SIGN

Date 11/26/04

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
<u>P/T</u>	<u>CHIEM HUON</u>	<u>520 E. MADISON ST.</u>	<u>STARKE, FL 32091</u>
<u>V/P/S</u>	<u>MADDEAN HUOT</u>	<u>520 E. MADISON ST.</u>	<u>STARKE, FL 32091</u>

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:

Chiem Huon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/04 (904) 966-0220

Date

Daytime Phone #

CR2E081 (01/04)

292



REDDISH AND WHITE

(904) 964-7555

CERTIFIED PUBLIC ACCOUNTANTS

FAX (904) 964-3887

134 East Call Street P.O. Box 307

Starke, Florida 32091

October 26, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

Dear Sir:

Reference: C M Variety Store, Inc
Document # P03000018747

We received notification of Dissolution or Revocation of this corporation. C M Variety Store was incorporated on February 17, 2003 for the its first year. The card that was mailed regarding the notice for corporate filing by May 1 was not received.

A check in the amount of \$150.00 for the annual fee is enclosed. We would appreciate you considering reinstating them since they did not receive their notification and since this is their first year of business.

Sincerely,

REDDISH & WHITE, CPA .

Job E. White, CPA

Enclosure