

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000034668</b> 1. Entity Name <b>STAR FOOD MART, INC.</b>			
Principal Place of Business <b>469 ATLANTIC BLVD. UNIT # 3 ATLANTIC BEACH, FL 32233 US</b>		Mailing Address <b>469 ATLANTIC BLVD. UNIT # 3 ATLANTIC BEACH, FL 32233 US</b>	
2. Principal Place of Business <b>734 EDGEWOOD AVE. N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>734 EDGEWOOD AVE. N.</b> Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>	
Zip <b>32254</b>		Zip <b>32254</b>	
Country <b>DUVAL</b>		Country <b>DUVAL</b>	
4. FEI Number <b>90-0062325</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>THAM, MARGARET 4491 HANOVER PARK DR. JACKSONVILLE, FL 32224</b>		7. Name and Address of New Registered Agent Name <b>THAM, MARGARET</b> Street Address (P.O. Box Number is Not Acceptable) <b>550 ACORN RIDGE LN.</b> City <b>ORANGE PARK</b> <b>FL</b> Zip Code <b>32065</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Margaret</i></u> DATE <u>4-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>THAM, MARGARET 4491 HANOVER PARK DR. JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>THAM, MARGARET</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>550 ACORN RIDGE LN. ORANGE PARK FL 32065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900053925289 05/05/05--01063--021 ***300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an Address, with all other like empowered.			
SIGNATURE: <u><i>Margaret</i></u> <b>PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-12-05</u> (904) <u>294-0509</u> <small>Daytime Phone #</small>	

FILED  
05 APR 18 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT CR2E098 (6/04) 04-05