

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAY -3 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700102634927  
05/16/07--01027--001 \*\*600.00

DOCUMENT # 203000040394

1. Corporation Name

Zaina Food Stores, Inc

2. Principal Office Address - No P.O. Box #

9019 6th St N.

3. Mailing Office Address

11903 N. 53rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park FL

City & State

Tampa FL

Zip

33782

Country

Pinellas Park

Zip

33617

Country

Hill

**REINSTATEMENT** 04-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Nabil Ri Aie

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

11903 N. 53rd St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33617

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 5-1-07

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
P, T	Nabil Ri Aie	11903 N. 53rd St	Tampa FL 33617

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

813 33-1287

Daytime Phone #

7C 05/03