

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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2005 OCT 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-05

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000069173

1. Corporation Name
LAS CUBANITAS SUPERMARKET, INC.

2. Principal Office Address 987 SW 4TH STREET Suite, Apt. #, etc.		3. Mailing Office Address 11402 NW 41 STREET Suite, Apt. #, etc. #211	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33130	Country US	Zip 33178	Country US

4. Date Incorporated or Qualified To Do Business in Florida 06/23/2006

5. FEI Number 20-0052419

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RIBHI SALIM HAMAD

Street Address (P.O. Box Number is Not Acceptable) 987 SW 4TH STREET

Suite, Apt. #, Etc.

City MIAMI

State FL Zip Code 33130

200060855992
10/21/05-10/21/07 ***300.00

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 Ribhi Salim Hamad Date 10/13/2005

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
PD	HUSNI M AL.BARGHOUTH	987 SW 4TH STREET	MIAMI FLA 33130
VP	RIBHI SALIM HAMAD	987 SW 4TH STREET	MIAMI FLA 33130
D	FOKAHA, ABDELLATIF	987 SW 4TH STREET	MIAMI FLA 33130

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)(l), 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: HUSNI. A. Date 10/13/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

10/13/05

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MIAMI, 10/12/05

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SUBJECT: REINSTATEMENT FORM
LAS CUBANITAS SUPERMARKET, INC.

DEAR SIR

AS PER COVERSATION WITH YOUR DEPARTMENT ENCLOSED FIND MY
REINSTATEMENT FORM, AS DISCUSSED, FOR THE YEARS 2004, 2005 AND APPLICABLE
FEES OF \$ 300.00, DUE THAT I NEVER RECEIVED THE ANNUAL REPORTS 2004, 2005 AND
MY COMPANY WAS DISOLVED WITHOUT PRIOR NOTICE. DUE YOU HAD THE WRONG
ADDRESS, PLEASE RE-INSTATE MY COMPANY ASAP.

SINCERELY YOURS

Husni A.

HUSNI M AL.BARGOUTH
PRESIDENT