

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

20300097699
HOT STOP Food MART, Inc

2. Principal Office Address

1702 AVENUE D

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fort Pierce

City & State

Zip

FL

Country

ST LUCIE

Zip

34950

Country

ST LUCIE

4. Date Incorporated or Qualified
To Do Business in Florida

9/8/03

5. FEI Number

30-0206303

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

ALIA QASEM

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

171 SE FLORISTA

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34983

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

Alia Q

Date OCT. 13/04

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
P	ALIA QASEM	171 SE FLORISTA	PORT ST LUCIE FL 34983

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:

Alia Q

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

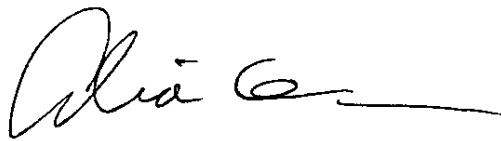
Date

OCT. 13/04

Daytime Phone #

CR2E081 (01/04)

We did not receive any notification that an annual report was due. This corporation was incorporated in September 2003. We were not aware of the annual report requirement. Please waive the reinstatement fee of \$ 600.00.

A handwritten signature in black ink, appearing to read "Alia C.", followed by a horizontal line.