

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY -2 PM 2:52

DOCUMENT # P03000121135

1. Corporation Name

TWO STAR FOOD STORE, INC.

**REINSTATEMENT**

04-07

CR2E081 (1/07)

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

6213 MIRAMAR PKWAY

Suite, Apt. #, etc.

3. Mailing Office Address

1591 NW 77 WAY

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

US

City & State

PEMBROKE PINES, FLORIDA

Zip

33024

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/03

5. FEI Number

90-0118066

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

MOHAMMED A. HUSSAIN

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

11251 ROCKING HORSE RD.

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33026

☒ 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

Muhammad A. Hussain  
REGISTERED AGENT MUST SIGN

Date 04-30-2007

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</u>	<u>ANOWAR HOSSAIN</u>	<u>1591 NW 77 WAY</u>	<u>PEMBROKE PINES, FLORIDA 33024</u>

800103045848  
05/28/07-01003-019 \*\*1208.75

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:

X Anowar Hossain  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-07 954-696-4742

Date

Daytime Phone #