## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000007553

Entity Name: MMC FOODMART, INC.

FILED Oct 06, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

305 BLACK OAK CT. 4285 HWY 60 W.

SEFFNER, FL 33584 MULBERRY, FL 33860 US

**Current Mailing Address: New Mailing Address:** 

305 BLACK OAK CT 1709 HONEY RIDGE PL SEFFNER, FL 33584 VALRICO, FL 33594 US

FEI Number: 35-2221828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ANDREASEN, ALLAN B CYRIAC, FEBIN 1709 HÓNEY RIDGE PL 305 BLACK OAK CT. SEFFNER, FL 33584 US VALRICO, FL 33594

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.

SIGNATURE: FEBIN CYRIAC 10/06/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PRFS () Delete Title: PRFS (X) Change ( ) Addition PUTHENPURACKAL, CYRIAC PUTHENPURACKAL, CYRIAC Name: Name: 305 BLACK OAK CT 1709 HONEY RIDGE PL Address: Address:

City-St-Zip: SEFFNER, FL 33584 City-St-Zip: VALRICO, FL 33594 US

Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete Name: CYRIAC, FEBIN Name: CYRIAC, FEBIN 305 BLACK OAK CT Address: 1709 HONEY RIDGE PL Address: SEFFNER, FL 33584 VALRICO, FL 33594 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: FEBIN CYRIAC 10/06/2008