


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000047047		
1. Entity Name QUALITY NEIGHBORHOOD GROCERIES, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 31 AM 8:31

Principal Place of Business 2050 N. 12TH AVE. PENSACOLA, FL 32503	Mailing Address 2050 N. 12TH AVE. PENSACOLA, FL 32503
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REINSTATEMENT 05-06



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08282006 REIN-P CR2E098 (11/05)

4. FEI Number 80-0099848		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent SCHUCHMAN, NORMAN J 6706 N. 9TH AVENUE SUITE D-19 PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name MICHAEL LUTTS Street Address (P.O. Box Number is Not Acceptable) 2050 N. 12th Avenue City PENSACOLA FL Zip Code 32503	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Lutts* DATE *8/25/6*
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUCHMAN, NORMAN J 5397 FLINTWOOD CIR. PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR LUTTS, MICHAEL 2050 N. 12th Avenue Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUTTS, MICHAEL 13555 PERDIDO KEY DR. PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000079716170 09/12/06--01031--003 **908.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Lutts* DATE *8/25/6* DAYTIME PHONE # *850 712 7747*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR