


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


08 MAY - 1 PM 3: 30

<b>DOCUMENT # P04000065068</b> 1. Entity Name <b>INGLIS FOOD MART, INC.</b>	
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Principal Place of Business <b>650 E HWY 40 INGLIS, FL 34449</b>	Mailing Address <b>650 E HWY 40 INGLIS, FL 34449</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip                      Country	City & State  Zip                      Country	4. FEI Number <b>56-2451285</b>	Applied For <input type="checkbox"/> Not Applicable
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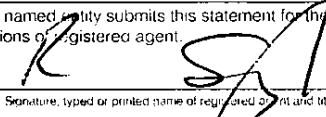


04252008    REIN-P    CR2E098 (1/07)

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>SINGH, RAJENDRA 11329 CYPRESS RESERVE DR. TAMPA, FL 33626</b>	7. Name and Address of New Registered Agent Name <b>SINGH, RAJENDRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>650 E HWY 40</b> City <b>INGLIS</b> <b>FL</b> Zip Code <b>34449</b>
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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:                       **Rajendra Singh, P, April 29, 2008**  
Signature, typed or printed name of registered agent and title if applicable.                      (NOTE: Registered Agent signature required when reinstating)                      DATE

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, RAJENDRA	NAME	<b>700128100847</b>
STREET ADDRESS	650 E HWY 40	STREET ADDRESS	05/01/08--01050--002    **300.00
CITY-ST-ZIP	INGLIS, FL 34449	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:                       **Rajendra Singh, P, April 29, 2008 352-447-2070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

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