

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4 0000 77497

1. Corporation Name,

STOP & GO GROCERIES CORP

200133689622
07/29/08--01005--019 **600.00

CR2E081 (12/07)

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

13613 OLD FARM DR

Suite, Apt. #, etc.

3. Mailing Office Address

13613 OLD FARM DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33625

Country

Hillsborough

Zip

33625

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

20-121323

☐ 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

JULIO OBREGON

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

13613 OLD FARM DR.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33625

☒ 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

Julio Obregon

Date 07/22/08

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
<u>PRES.</u>	<u>JULIO OBREGON</u>	<u>13613 OLD FARM DR</u>	<u>TAMPA, FL 33625</u>
	<u>RH</u>		

REINSTATEMENT

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:

Julio Obregon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/22/08

Daytime Phone #