

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000083015**

1. Entity Name  
**AMAR EUROPEAN GROCERY STORE, INC.**



FILED  
08 DEC 12 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**5664 SANTA MONICA BLVD S  
JACKSONVILLE, FL 32207**

Mailing Address  
**5664 SANTA MONICA BLVD S  
JACKSONVILLE, FL 32207**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



**REINSTATEMENT 08**

4. FEI Number  
**20-1296777**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**TAHIROVIC, AVDO  
5664 SANTA MONICA BLVD S  
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TAHIROVIC, AVDO 5664 SANTA MONICA BLVD S JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200139105652 12/17/08--01039--008 **150.00</b>
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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:** [Signature] **12/10/08** **904 739 9447**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #