

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 20 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-09

DOCUMENT # **P040000101233**

1. Corporation Name

ZEWDITU MART INC

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

3101 West Tenn.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Same

Zip

FL 32304

Country

FL 32304

Zip

FL 32304

Country

FL 32304

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

061720593

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

ASTER GIZAW

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

3101 West Tennessee Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

☒ 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

ASTER GIZAW
REGISTERED AGENT MUST SIGN

Date **01-20-09**

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
AST	ASTER GIZAW	3101 West Tenn.	Tallahassee FL 32304

300141528853
01/21/09-01002-009 **750.00

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:

ASTER GIZAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-20-09

Daytime Phone #