2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000169225

Address:

City-St-Zip:

Entity Name: FOOD STORE DISCOUNT, INC.

FILED Oct 06, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
2622 AVE. WINTER H	. V NW HAVEN, FL 33	3881			
Current Mailing Address:			New Mailing Address:		
2622 AVE. WINTER H	. V NW HAVEN, FL 33	3881			
FEI Number	: 20-1841208	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
KISSIMME	BERRY LEAF EE, FL 34758	US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE: ROSE M	ARLENE LUBIN			
Electronic Signature of Registered Ager			ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	EMILCAR, JEA 906 S. 19TH S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LUBIN, ROSE	RRY LEAF AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (NOEL, VELOU 2622 AVE. V. I WINTER HAVE	√W	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	() Delete	Title: TD	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

908 KENBAR AVE.

HAINES CITY, FL 33844

SIGNATURE: ROSE MARLENE LUBIN VD 10/06/2005