

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 18 AM 9:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P05000124876

1. Corporation Name

1097 melson ave
Jacksonville, FL 32254

"CJ & Z FOOD STORE, INC."

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

1097 Melson Ave

3. Mailing Office Address

2633 Columbine Dr. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32254

Country

DUV-L

Zip

32211

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/09/2005

5. FEI Number

20-340612

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

Rahmoun Joudi

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

2633 Columbine Dr. N

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32254

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

9/14/09

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
P	Rahmoun Joudi	2633 Columbine Dr. N	Jacksonville, FL 32211
VP	Pamela Joudi	2633 Columbine Dr. N	Jacksonville, FL 32211

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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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/09

Date

Daytime Phone #