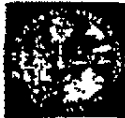


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Oct 29, 2013 08:00 AM
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P08000006193

1. Corporation Name

H & M Food Mart, Inc.

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

110 N.W. 15th Street

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33060

Country

US

3. Mailing Office Address

110 N.W. 15th Street

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33060

Country

US

7. Name and Address of Current Registered Agent

Name

Mohammed A. Aluwiesi

Street Address (P.O. Box Number if Not Applicable)

19499 S.W. 68th Street

Suite, Apt. #, etc.

City

Pembroke Pines

State

FL

Zip Code

33332

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

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pst	Mohammed A. Aluwiesi	19499 S.W. 68th Street	Pembroke Pines, FL 33332

10. E-mail Address: hanna@paterhannalaw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-13

954-525-7612
 DATE DAYTIME PHONE #

000253323470
 10/29/13--01009--019 **150.00

000253323470
 10/29/13--01009--020 **901.22

CR2E081 (11/1/10)

4. Date Incorporated or Qualified To Do Business in Florida
 1/12/06

5. FEINUMBER
 20-4175485

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional fee required for a Certificate of Status