

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000021479

1. Corporation Name

CIRCLE FOOD MART, INC

W09 — 56286

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

504 N. PLANT AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PLANT CITY, FL.

City & State

Zip

Country

33563

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Amjad ABDELRAHMAN

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

504 N. PLANT AVE

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33563

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

[Signature]

(REGISTERED AGENT MUST SIGN)

Date 1.28.10

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
<u>P</u>	<u>AMJAD ABDELRAHMAN</u>	<u>504 N. PLANT AVE.</u>	<u>PLANT CITY, FL 33563</u>

10. E-mail Address:

(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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.21.10/09

Date

813.412.6509

Daytime Phone #

FILED

10 FEB -8 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
400164049604  
01/26/10--01024--004 \*\*150.00

400164049604  
12/30/09--01018--019 \*\*450.00

REINSTATEMENT 07-09

REINSTATEMENT 07-10

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/2006

5. FEI Number

20-4308061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

417.6509