

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

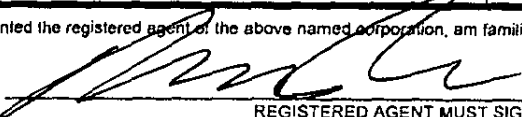
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/09)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06000044571			
1. Corporation Name FASS MINI MART, INC.			
2. Principal Office Address - No P.O. Box # 41 - 4TH. STREET N.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL.		City & State	
Zip 33701	Country USA	Zip	Country
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 03/28/2006	
Name BASSAM J. SALEH		5. FEI Number 20-4626820	
Street Address (P.O. Box Number is Not Acceptable) 4815 E. RUSCH BLVD.		Applied For ☐ Not Applicable	
Suite, Apt. #, Etc. # 213		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
City TAMPA		☒ 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.	
State FL		Zip Code 33617	
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 		Date 03/06/2010	
REGISTERED AGENT MUST SIGN			
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
PRES.	ALABADI, ABDUL	1301 MARKLEY DR.	LARGO, FL 33770
		7490 71 STAVE N	Pinebls park FL 33781
10. E-mail Address: BASSAMJ2007@YAHOO.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., 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: Abdul Alabadi		PRES.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 03/06/2010 Daytime Phone # 837-607-658	