Daytime Phone #

| PLEASE RI | EAD ALL INS | STRUCTIONS BEF | ORE COM | IPLETING THE | FORM | | |
|--|--|--|--|---|--|---------------------------------|--|
| REINSTATEMENT | | RIDA DEPARTMENT OF STATE Secretary of State Division of Corporations | | 10 APR 19 AM 10: 28 SECRETARY OF STATE THAT AHASSEE, FLORIDAL | | | |
| DOCUMENT # P06000 | 0044571 | | | TEACLE | 3 the man a | | |
| FASS MINI MART, IN | C. | | 1 | | | | |
| W1-1641s | | | | 500174167075 04/01/1001039001 **450.00 | | | |
| 2. Principal Office Address - No P.O. Box # 3 41 - 4TH. STREET N. | | 3. Mailing Office Address | | CR2E081 (11/09) | | | |
| Suite, Apt #, etc. | Suite, Apt. | Suite, Apt. #, etc. | | Date incorporated or Qualified | | | |
| City & State Cit | | City & State | | To Do Business in Florida 03/28/2006 | | | |
| ST. PETERSBURG, FL. | | | | L 0.0 1.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 | | Applied For Not Applicable | |
| Zip Country 33701 USA | Zip | Country | 6. C | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee refor a Certificate of St | | Ional Fee required | |
| 7. Name and Ad | dress of Current Reg | Istered Agent | | | | | |
| Name BASSAM Street Address (P.O. Box Number is Not Acc Suite, Apt. #, Etc. ## 2/3 City City | State Zip C | | ☑ 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. | | | | |
| 8. I, being appointed the registered agents! Signature of Registered Agent | 26 | | cept the obligation | ns of section 607.0505 or 61 | | | |
| Names and Street Addresses of Each Off | | GENT MUST SIGN | et list at laget 3 di | rectors) | | | |
| l'illes Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | Culous | City / State / Zip | | |
| PRES. ALABADI, ABDUL | | 1301 MARKLEY D | | LARGO |),FL 33 | 770 | |
| | | | | Pinellas parkfl33781 | | डा हा 🕹 | |
| | | | | | | Newa | |
| REIN | STATE | MENT | | | | · | |
| 10. E-mail Address: BASSAMJ200 | 7@YAHOO.COM | | | | | | |
| OIGNATORE. | r dissolution has been urther certify, the information of the control of the cont | eliminated, the corporate name mation indicated on this application | ation as provided satisfies the requi on is true and acc | for in chapter 607 or 617, F., rements of section 607,0401 urate, and my signature shal | or 617.0401, F.S., tr I have the same legal 06/2010 &3 | hat all fees if effect as if | |