

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 JUN 20 PM 1:07

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010-2014

DOCUMENT # P06000092360

1. Corporation Name

ALLEN FAY FOODMART

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

1776 old bainbridge

3. Mailing Office Address

1722 San Damien Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32303

City & State

Tallahassee FL 32303

Zip

32303

Country

USA

Zip

32303

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/13/2006

5. FEI Number

76-0832756

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

Abdol Shariati

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

1722 San Damien Rd

Suite, Apt. #, Etc.

Tallahassee, FL

City

State

FL

Zip Code

32303

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]

Date 6/20/2014

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
VP	Forough ESLAM	1722 San Damien Rd	Tallahassee, FL 32303
P	Abdol Shariati	1722 San Damien Rd	Tallahassee, FL 32303

10. E-mail Address: alen.shariati@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., 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

6/20/14 800-933-9001
Date Daytime Phone #

K. ASHTON