

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAR 22 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000124217

1. Corporation Name

KWIK STOP FOOD STORE, INC.

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

3030 SOUTH 25TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

3030 SOUTH 25TH ST

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL 34981

Zip

Country

34981

ST LUCIE

City & State

FORT PIERCE, FL

Zip

Country

34981

ST LUCIE

4. Date Incorporated or Qualified
To Do Business in Florida **09/27/2006**

5. FEI Number

20-5870114

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

SULTANA AMINA KARIM

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

6011 NW WOLVERINE ROAD

Suite, Apt. #, Etc.

City

PORT SAINT LUCIE

State

FL

Zip Code

34986

☒ 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.

REINSTATEMENT

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

Sultana A Karim

Date **03/19/10**

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
P	SULTANA AMINA KARIM	6011 NW WOLVERINE ROAD	PORT SAINT LUCIE FL 34986

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:

Sultana A Karim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/10

Date

772-246-2204

Daytime Phone #

B. Mitchell MAR 22 2010