PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 DEC 30 AM 8:10

TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000153096

1 Corporation Name

asar food mart inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18901 north hwy 52	19841 strathmore place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: land o lakes fl	City & State: land o lakes fl
Zip: 34639 Country:	Zip: 34638 Country:

4. Date Incorporated or Qualified To Do Business in Florida
01/01/2007

5. FEI Number: 20-8049104 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: n/a — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: aziz lakhani

Street Address (P.O. Box Number is Not Acceptable): 19841 strathmore place

Suite, Apt. #, etc.

City: land o lakes State: FL Zip Code: 34638

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12/30/14--01032--006 **50.00

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 12/29/2014

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
president	suleman chandrani	12019 wandsworth dr	Tampa fl 33626

10. E-mail Address: ozzy7860@me.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: _____ 12/29/2014 9139107960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON