

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000093761

1. Corporation Name

LAMA GROCERY INC

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

124 E, ALFRED STREET

3. Mailing Office Address

124 E, ALFRED STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FLORIDA

City & State

TAVARES, FLORIDA

Zip

32778

Country

U.S.A.

Zip

32778

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

PEMBA LAMA

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

3002 ANDOVER COURT

Suite, Apt. #, Etc.

City

MOUNT DORA

State

FL

Zip Code

32757

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

Pemba LAMA

Date

07/13/11

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
<u>OWNER/ PRESIDENT</u>	<u>PEMBA LAMA</u>	<u>3002, ANDOVER COURT</u>	<u>MOUNT DORA, FL 32757</u>
<u>OWNER/ VICE PRESIDENT</u>	<u>KAMALA LAMA</u>	<u>3002, ANDOVER COURT</u>	<u>MOUNT DORA, FL 32757</u>

10. E-mail Address: pemba.kamala@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:

Pemba LAMA

(PEMBA LAMA) PRESIDENT

07/13/11

8-5 P.m.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

11 JUL 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

300210037253

07/15/11--01030--005 **1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 22, 2007

5. FEI Number

26-0760187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REQUEST YOU F KINDLY CONFIRM BY IMMEDIATE MAIL

STORE 352-343-4443

CELL: 352-504-9259