

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUN 28 AM 10:56

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000058513

1. Corporation Name

EAST LAKE FOOD MARKET CORPORATION

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

8706 HARNEY RD

Suite, Apt. #, etc.

3. Mailing Office Address

8706 HARNEY RD

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33637

Country

USA

Zip

33637

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
07/08/2009

5. FEI Number

27-0522334

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

ANA B MORAN

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

19220 FISHERMANS BED DR

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33558

200249366092
06/28/13--01026--010 **1200.00

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 **06/27/2013**

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
PST	ANA B MORAN	19220 FISHERMANS BED DR	LUTZ FL 33558

10. E-mail Address: **DCRUZ@DCACCOUNTINGPA.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/27/2013

Date

813-345-8503

Daytime Phone #