

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000063746

**FILED**  
**May 30, 2013**  
**Secretary of State**

**Entity Name:** VENICE FOOD STORE INC

**Current Principal Place of Business:**

802 EAST VENICE AVENUE  
VENICE, FL 34285 US

**New Principal Place of Business:**

**Current Mailing Address:**

802 EAST VENICE AVENUE  
VENICE, FL 34285 US

**New Mailing Address:**

**FEI Number:** 27-3187135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHACKO, PHILIP M  
1751 QUEEN PALM WAY  
NORTH PORT, FL 34288 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** PHILIP CHACKO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHACKO, PHILIP M  
**Address:** 1751 QUEEN PALM WAY  
**City-St-Zip:** NORTH PORT, FL 34288 US

**Title:** VP  
**Name:** SREEDHARAN, BINOOBKUMAR P  
**Address:** 2748 SUNCOAST LAKES BLVE  
**City-St-Zip:** PORT CHARLOTTE, FL 33980 US

**Title:** S  
**Name:** KUNNANAKUZHYYIL, SASIDHARAN J  
**Address:** 22219 ELMIRA BLVD  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PHILIP CHACKO

P

05/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date