

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS	
DOCUMENT #		P9200008804	
1. Corporation Name		Huber's Convenience, INC. 9/24/99	
2. Principal Office Address		3. Mailing Office Address	
3605 N. Lockwood Ridge Rd. SARASOTA FL 34234		3605 N. Lockwood Ridge Rd. SARASOTA FL 34234	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
SARASOTA Florida		SARASOTA Florida	
Zip	Country	Zip	Country
34234	SARASOTA	34234	SARASOTA
4. Date Incorporated or Qualified To Do Business in Florida		11/24/92	
5. FEI Number		65-0370268	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
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.		38.75 Additional Fee required for a Certificate of Status	
Name		KOLODZIEJ, MICHAEL	
Street Address (P.O. Box Number is Not Acceptable)		4918 Palm Aire Drive	
Suite, Apt. #, Etc.			
City		SARASOTA, FLORIDA 34243	
State		FL	
Zip Code			
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	Kolodziej, Michael	3605 N. Lockwood Ridge Rd.	SARASOTA, Florida 34234
VP	Huber Declan	3804 N. Lockwood Ridge Rd.	SARASOTA, Florida 34234
REINSTATEMENT 1999-2000			
(NK)			
10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Michael Kolodziej Pres.		11/20/00 941-351-6110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

00 NOV 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/99)