

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



P92000011934

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 15 AM 11:37

DOCUMENT #

1 Corporation Name

K & T SUPERMARKET INC.

Principal Place of Business

Mailing Address

16805 SW 100 AVE
MIAMI FLORIDA
33157

9/26/97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

N-A

3 New Mailing Office Address, If Applicable

N-A

4 Date Incorporated or Qualified To Do Business in Florida

12-14-92

Suite, Apt. #, etc.

N-A

Suite, Apt. #, etc.

N-A

5 FEI Number

65-0370178

Applied For

Not Applicable

City & State

N-A

City & State

N-A

Zip

N-A

Country

N-A

Zip

NA

Country

N-A

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status.

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
X PRESIDENT	JAMES BOODOO	10501 S.W. 166 STREET	MIAMI FL. 33157
SEC.	TARAMATTER BOODOO	17405 S.W. 109 CT	MIAMI FL. 33157
			500003071085--4
			-12/15/99--01054--022
			***1050.00 ***1050.00
			REINSTATEMENT 1997-1999

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

JAMES BOODOO
10501 S.W. 166 ST.
MIAMI FL. 33157

Name

N-A

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

N-A

Suite, Apt. #, Etc.

N-A

City

N-A

State

FL

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-12-99

11 This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BOODOO

11-12-99

Date

305-252-4908

Daytime Phone #

CR2001 (12/98)