

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005312**

1. Corporation Name

LIL SAVER MARKET, INC.

13680 Tamiami Trail
North Port, FLA. 34287

2. Principal Office Address
13680 Tamiami Trail

3. Mailing Office Address

~~North Port, FLA. 34287~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13680 Tamiami Trail

City & State

North Port, Fla.

City & State

North Port, Fla.

Zip

34287

Country

USA

Zip

34287

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida **01/19/1993**

5. FEI Number
650387247

☒ 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

William Conway

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

13680 Tamiami Trail

Suite, Apt. #, Etc.

City

North Port

State
FL

Zip Code
34287

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

William Conway

REGISTERED AGENT MUST SIGN

Date

11/15/04

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.D.T.S.	William Conway	13680 Tamiami Trail	North Port, Fla. 34287

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:

William Conway
William Conway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/04

Daytime Phone #

941-426-6579

CR2E081 (01/04)