

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067248**

1. Corporation Name

**THREE STARS SUPERMARKET CORPORATION**

Principal Place of Business

Mailing Address

G-4142 FENTON RD.  
FLINT MI 48507

G-4142 FENTON RD.  
FLINT MI 48507

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

**REINSTATEMENT 2001**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/28/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
0	SCHULTZ, TIMOTHY	9201 NORTHWEST 22 AVENUE	MIAMI FL
			400004699074--9 -11/29/01--01058--026 ****500.00 ****500.00
			400004699074--9 -11/29/01--01058--027 ****250.00 ****250.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHULTZ, TIMOTHY  
9201 N.W. 22ND AVE.  
MIAMI FL 33147

Name

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

Suite, Apt. #, Etc.

City

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

*Timothy Schultz*  
SIGNATURE REGISTERED AGENT MUST SIGN

Date

11-1-2001

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., 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:

*Linda E. Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-2001 810-760-9643

CR2E040 (8/01)