

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT -2 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000008182450--0  
-10/03/02--01021--020  
\*\*\*\*750.00 \*\*\*\*750.00

DOCUMENT # 094000010709

**1. Corporation Name**

EXPRESS FOOD Center, Inc.

**2. Principal Office Address**

467 NW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33136

Country

DADE

**3. Mailing Office Address**

467 NW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33136

Country

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/09/1994

**5. FEI Number**

595302100

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

**7. Name and Address of Current Registered Agent**

Name

FAHMI A. GAZALEH

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

551 NW 135 Ave # 205

Suite, Apt. #, Etc.

205

City

Pembroke Pines

State

FL

Zip Code

33028

**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

*Fahmi A. Gazaleh*  
REGISTERED AGENT MUST SIGN

Date

09/23/02

**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
D	Fahmi A. GAZALEH	551 NW 135th Ave # 205	Pembroke Pines, FL 33028

**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:

*Fahmi A. Gazaleh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/23/02

Date

(305) 371-8760

Daytime Phone #