

**APPLICATION
FOR
REINSTATEMENT**

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

DO NOT WRITE IN THIS SPACE

FILED

98 AUG 10 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #** 994000022661

S & M Grocery Inc.
6401 N.W. 22nd Ave.
MIAMI - Fla. 33150

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date incorporated or Qualified To Do Business in Florida 1994

4. FEI Number 65-0477877

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City and State
BSJ	MOHAMED I. ALOUKNEH	6401 N.W. 22 nd Ave	MIAMI - Fla. 33150
			400002616474--5
			-08/14/98--01064--003
			****300.00 ****300.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent and/or Office

Name MOHAMED I. ALOUKNEH
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number) 6401 N.W. 22nd Ave.
City and State MIAMI FL. Zip 33150

9. 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 X Mohamed Issa

Date 08/04/98

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director X Mohamed Issa

Date 08/04/98

Daytime Phone # _____

Typed or printed name of signing officer or director _____

CPREDD 1892