

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
DIVISION OF STATE
CORPORATIONS
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DOCUMENT # P94000028400

1. Corporation Name **WILLY SUPERMARKET CORP.**

Principal Place of Business

Mailing Address

13660 SW 56 St
Miami FL 33175

13660 SW 56 St
Miami FL 33175

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Certified To Do Business in Florida	
		13660 SW 56 St		4/13/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				65-0480733	
City & State		City & State		Applied For	
Miami FL		Miami FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DERIVED ☒ \$4.75 Additional Fee required for a Certificate of Status	
33175	USA	33175	USA		

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

Title(s)	Name of Officer and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	YAMILEE M. HERNANDEZ	13660 SW 56 St	Miami FL 33175
VP	FRANK NIETO	13660 SW 56 St	Miami FL 33175
TRE/SEC	FELISAN HERNANDEZ	13660 SW 56 St	Miami FL 33175

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANIBAL BELLO 12455 SW 45th St Miami FL 33175	Name	YAMILEE M. HERNANDEZ	
	Street Address (P.O. Box Number is Not Acceptable)	13660 SW 56 St	
	Suite, Apt. #, Etc.		
	City	State	Zip Code
	Miami	FL	33175

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of Registered Agent

Yamilee M. Hernandez
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See column 6 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 607.04(1) or 617.04(1), F.S., that all taxes 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:

Yamilee M. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

11/24/99 (305) 382 3977
Date Phone

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**Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State**

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To:

**Division of Corporations
Fax Number : (850) 922-4004**

From:

**Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346**

CORPORATION REINSTATEMENT

WILLY SUPERMARKET CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$500.75

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