

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED pg. 1062

APPLICATION FOR REINSTATEMENT

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

97 OCT 17 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000041258**

1. Corporation Name
Super Sid Food Stores, Inc

Principal Place of Business Mailing Address

**7027 N. Himes
Tampa FL 33614**

Same

1996-1997 AR

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 Qualified To Do Business in Florida 6-23-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3280906	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Officer	Al Ripaie - Sunail	7027 N. Himes	Tampa FL 33614
Director	Ripaie Nawil	8531 Rend Blv	Tampa FL 33637
			400002325304--6
			-10721797--01028--002
			***365.00 ***365.00
			A. Ripaie
			10/19/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Nawil Ripaie 8531 Rend Blv Tampa FL 33637		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: **Nawil Ripaie** Date: **10-14-97**

REGISTERED AGENT MUST SIGN

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., 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: **Nawil Ripaie** **Nawil Ripaie** Date: **9-2-97** Daytime Phone #: **813 831-1203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2C040 (12/96)

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Shop Kite
831-1203
7027 N. Himes
Tampa FL 33614

Fl. Dep. of State
Corporation Report

- This Annual Corporation Report was mailed
to the wrong address which 2103 S. Lincoln Ave
Lakeland FL 33803.

The correct address is

7027 N. Himes
Tampa FL 33614

~~Darrell~~
10-14-87