

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

**CORPORATION
REINSTATEMENT**



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

FILED
Jul 25, 2001 8:00 A.M.
Secretary of State

DOCUMENT # **P94000053089**

1. Corporation Name

ROSE'S FOOD MART, INC.

2. Principal Office Address

3. Mailing Office Address

1808 SANTA BARBARA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES FL

Zip

Country

Zip

Country

34116

COLLIER

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

7/15/94

5. FEI Number

65-0505938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MOHAMMED SHARIATI

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

790A MEADOWLAND DR.

600004534826-9

Suite, Apt. #, Etc.

-08/15/01-01005-009

*******150.00 *****150.00**

City

NAPLES

State

FL

Zip Code

34108

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

Date

REGISTERED AGENT MUST SIGN

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
PRES	MOHAMMED SHARIATI	790A MEADOWLAND DR.	NAPLES, FL 34108

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-19-01 941-352-6200

CR2E081 (9/00)

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Attention Katherine Harris

In the process of selling our business on Radio Rd. in Naples, which had the same name of Prose Fool Mart, and relocating here on 1808 Santa Barbara Blvd., for some reason we never received our document for reinstating corporation.

Sorry for any delay, and thank you for sending the new form so we could correct this problem immediately.

Thank you
Mohammed Shariati