

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000058950**

1. Corporation Name

CYPRESS FOOD STORE, INC.

Principal Place of Business

101 SE SIXTH AVE #10
POMPANO BEACH FL 33060

Mailing Address

101 SE SIXTH AVE #10
POMPANO BEACH FL 33060

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

Suite, Apt. #, etc.

290 S. CYPRESS RD

Suite, Apt. #, etc.

290 S. CYPRESS RD

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1994

SP

5. FEI Number

65-0514171

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
D	ISLAM, SERAJUL	101 SE SIXTH AVE #10	POMPANO BEACH FL 33060

600003021556--4
-10/22/99--01004--011
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISLAM, SERAJUL
101 SE SIXTH AVE #10
POMPANO BEACH FL 33060

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Serajul Islam

REGISTERED AGENT MUST SIGN

Date

10/19/99

11. 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

Serajul Islam SERAJUL ISLAM

Date

10/19/99

Daytime Phone #