PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 NOV 27 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084352

REINSTATEMENT 97-02

1. Corporation Name: T. & M. CASH AND CARRY, INC.

2. Principal Office Address	3. Mailing Office Address
8141 SW 203 St	8141 SW 203 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FLORIDA	City & State: Miami FLORIDA
Zip: 33189 Country: U.S.A	Zip: 33189 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/1994

5. FEI Number: 650546018 ☐ 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: Marlene M. Bazan.

Street Address (P.O. Box Number is Not Acceptable): 8141 SW 203 Street

500009300115
12/02/02--01063--005 **138.75

Suite, Apt. #, Etc.:

City: Miami Fl. State: FL Zip Code: 33189.

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: [signature] Date: 11/25/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PSD	Marlene M. Bazan	8141 SW 203 St	Miami Fl. 33189

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.

305-254-8823

SIGNATURE: [signature] 11/25/02 305-345-1406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jf 12/4/02