2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000088618						FILED				
1. Entity Name CORNER STORE CONVENIENCE STORE; BAIT & TACKLE, INC.						08 KOV 13 PH 12: 26				
District Division in the second secon						ALLANASSFE, FLORIDA				
Principal Place of Business 250 SOUTHERN BLVD			Mailing Address			1	11 A11A55	FE, FLURIC	JH	
WEST PALM BEACH, FL 33405			250 SOUTHERN BLVD West Palm Beach, FL 33405							
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2 Principal f	Place of Rusi	ness - No P.O. Box #	3. Mailing Address							
an Francisco.	Tidde of Data	1628 - 140 F.O. DOX #	5. Maining Address				6 1011 0 011	i <mark>lli ibiil biili</mark> ilbii il	A 60 160	
Suite, Apt. #, etc.			Suite, Apt. #. etc.			102 22 113	NIOTATE NE	98 (1/07)	1.4	
City & State			City & State			4. FEI Numb	INSTATEME		oplied For	
Only G Olan	(e		Oily & State		65-054			ot Applicable		
Zip	Zip Country		Zip C		ntry	 	e of Status Desired	\$8.75 Add		
	S Name and Address		strent Pagistared Agent		 -	<u> </u>	d Address of New Register	Fee Require	<u></u>	
	6. Name and Address of Current Registered Agent					r. Name and	1 Address of new register	ag wähur		
LAMELAS	, ROBERT	<u>r</u>		Short Address			(P.O. Roy Number is Not Acceptable)			
250 SOUT WEST PA		/D :H, FL 33405			Street Address (P.O. Box Number is Not Acceptable)					
- 1720117 ALM BEXOTI, 12 00400			$\overline{}$	ļ					į	
			/	ļ	City			FL Zip Cod	le	
8. The above	e named entil	tv submits this statement for r	the aurpose of changing its	register	ed office or register	red agent, or bo			and accept	
8. The above named entity submits this enatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature/growth provided name of regristered agent and title of applicable. (NOTE: Registered Agent signature required when reinstitting) DATE										
	Signature/grade pured name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FRE IS \$150.00 After January 1, 2009, Fee will be \$300.00							In accordance with s. corporation did not rec	607.193(2)(b), œive the prior i	F.S., the notice.	
10.	T	OFFICERS AND D		11.			/CHANGES TO OFFICERS		S IN 11	
TITLE	D LAMELAS, ROBERT		☐ Delete			90	00138077	Change	■ Addition	
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TITLE NAME			Delete	TITLE				Change	☐ Addition	
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP			a	CITY	-ST-ZIP					
12. I hereby o	certify that the	e information supplied with the	his filing does not qualify fo	r the exe	emptions contained	f in Chapter 119	9, Florida Statutes, I further	certify that the in	nformation	
of the cor changed.	rporation or the	ort or supplemental region is to the receiver or trustee empow achment with an addless, with	wered to execute this report its all other like empowered.	as requir	red by Chapter 607	7, Florida Statut	es; and that my name appear	ars in Block 10 or	r Block 11 if	
		##					-10-2	7 20		
SIGNATURE										
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