

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000008413**

1. Corporation Name

TOTAL PLUS SUPERMARKET, INC.

Principal Place of Business

Mailing Address

7777 N.W. 17TH AVE.
MIAMI FL 33147

7777 N.W. 17TH AVE.
MIAMI FL 33147

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1995

5. FEI Number

65-0553246

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	COLLADO, MARIA	13751 NW 21ST STREET	PEMBROKE PINES FL 33028
STD	URENA, MIGUEL A	13751 NW 21ST STREET	PEMBROKE PINES FL 33028
VD	URENA, JOSE L	930 WINDWARD WAY	WESTON FL 33327

8. Name and Address of Current Registered Agent

URENA, MIGUEL A
7777 N.W. 17TH AVE.
MIAMI FL 33147

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

(305) 835-6601

Daytime Phone #

CR2E040 (7/03)

TOTAL PLUS SUPERMARKET, INC.

7777 NW 17TH AVE
MIAMI, FL 33147
PH: 305-835-6601
FAX: 305-835-7243

Wednesday, October 15, 2003

**TO: FL DEPT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

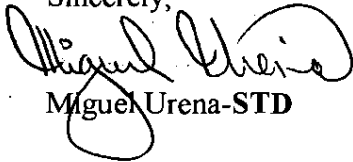
**RE: DOC #: P95000008413
FED #: 65-0553246**

To whom it may concern:

Your department recently informed us that we had not sent our 2003 Uniform Business Report. As per our telephone conversation enclosed you will find a check in the amount of \$ 150.00.

At this time we are requesting that our corporation is reinstated and that all penalties are waived since it was impossible for us to be aware of what was going on due to the fact that we did not receive our Annual Report or any other notifications from your department. In addition, please keep in mind that we have been incorporated since 1995 and never has our corporation been dissolved for non-payment or any other reason. Thanking you in advance for your prompt cooperation in this matter.

Sincerely,



Miguel Urena-STD