PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

97 FEB -3 AM 8: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMEN



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

ATLANTIC SUPERMARKET INC.

P95000033499			]				
Principal Place of Business	Mailing Addr						
655 N. ATLANTIC AUE.	•	AME)				01	
COCOA BEACH FL 3293.				REINS	STATEMENT Of 1		
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				4. Data Incorn	orated or Qualified /	<del></del>	
New Principal Office Address, If Applicable	J. HEW IVIDIO	ing Office Address, in	, the product		ness in Florida 04/28/199	ا می	
Suite, Apt. #, etc.	Suite, Apt. #.	, etc.		5. FEI Numbe	Appl	ied For	
City & State	City & State				33//398 Not Applicable		
Zip Country	Zip	Country	у	6. CERTIFICATI	E OF STATUS DESIRED 58.75 Additional F		
7. Names and Street Addresses of Each Officer and	/or Director (Flo	orida nonprofit corpora	ations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors		Off	eet Address of Each ficer and/or Director se Post Office Box I	1	City / State / Zip		
PM J. CANYTON HAW.	man	280 S.AT	CANFIC AVE		Good Berry FL 32	93/	
VST GLENN STEWART 280.			removic A	IE.	Co con Bascife 32	1	
-	1100/4			0	<del>-02/05/97010690</del>	1 <u>C</u>	
					****915.00 ****915	5.00	
•					062-4-	-97	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent							
1/2420017				LAY TON	HAWMAN		
Street Address (P.O. Gox Number is Not Acceptable)  333 SEAVION AVE.  Suita Apt. #. Etc.							
DAYRONA BOOCH FL 38	1//8		COCOA	Besch	State Zip Code FL 3.293,	,	
10. I, being appointed the registered agent of the about	ove named corp	oration, am familiar wi	ith and accept the o	bligations of Sect			
Signature of Registered Agent R	EGISTERED AG	GENT MUST SIGN		-	Date 01/25/97		
11. Does this corporation pay a Dept. of Revenue under S.	any intano 199.032,	gible tax to th Florida Stati	ie utes. Yes	<b>1</b> № [	(See other side for informatio on intangible tax.)	n	
12. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my si	olution has been names of individ	n eliminated, the corpo duals listed on this for live the same legal effo	orate name satisfies m do not qualify for	the requirements an exemption un roath.	of section 607.0401 or 617.0401, F.S., that a	ill fees"	
SIGNATURE MADE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #							