

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION  
FOR  
REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 17 AM 8:00

**DOCUMENT # P95000058356**

1. Corporation Name

**KWIK STOP NOS 2905 INC.**

Principal Place of Business

2905 NORTH A1A  
FT PIERCE FL 34949

Mailing Address

2905 NORTH A1A  
FT PIERCE FL 34949



**REINSTATEMENT 03**

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. Date Incorporated or Qualified To Do Business in Florida

07/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0596509

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	ISLAM, NORUL	2905 NORTH A1A	FT PIERCE FL 34949
VD	BEGUM, HALIMA	2905 NORTH A1A	FT PIERCE FL 34949

000024206930  
10/28/03--01054--003 \*\*50.00

000024206930  
10/28/03--01054--002 \*\*300.00

8. Name and Address of Current Registered Agent

ISLAM, NORUL  
2907 N. AIA  
FT PIERCE FL 34949

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

*N. Islam*

Date 10 20 03

REGISTERED AGENT MUST SIGN

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:

*N. Islam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 14 03 772-770-1525

Date

Daytime Phone #

CR2E040 (7/03)