## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P95000066680

Title:

Name:

Address:

City-St-Zip:

( ) Delete

QANDAH, RAMIZ

3532 CRESSIA ST

JACKSONVILLE, FL 32254

FILED Oct 14, 2004 Secretary of State

Entity Name: KANDAH INC.	
Current Principal Place of Business:	New Principal Place of Business:
% SNAPPY FOOD STORES 2758 TROLLIE LANE JACKSONVILLE, FL 32211 US	
Current Mailing Address:	New Mailing Address:
9475 BAYMEADOWS RD. JACKSONVILLE, FL 32256 US	2758 TROLLIE LANE JACKSONVILLE, FL 32211 US
FEI Number: 59-3328839 FEI Number Applied For ( ) FEI Number	mber Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
KANDAH, SAM 2785 TROLLIE LANE JACKSONVILLE, FL 32211 US	KANDAH, SAM 2758 TROLLIE LANE JACKSONVILLE, FL 32211 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: SAM KANDAH	10/14/2004
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PD () Delete  Name: KANDAH, SAM  Address: 2758 TROLLIE LANE  City-St-Zip: JACKSONVILLE, FL 32211	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VPD () Delete Name: KANDAH, JOHN G Address: 2758 TROLLIE LANE City-St-Zip: JACKSONVILLE, FL 32211	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SAM KANDAH PD 10/14/2004

() Change () Addition