PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 950000 78414 1. Corporation Name
TOHN'S YOOD & Deli CORPORATION

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principa	al Office Address N.E. 23 Rd AVe.	3. Mailing Office Address	Mailing Office Address 42 NE. 23Rd AVe.			REINSTATEMENT OD-02		
		Suite, Apt. #, etc.			4. Date Incorporated or Qualified			
City & State	esville, Fl.	City & State GAINES VI'll	City & State GAINES VILLE) F1.			5. FEI Number Applied For 5. FEI Number Not Applicable		
zip 326	09 ALACHUA	32609	Country	luA	6.	E OF STATUS DESIDED TO \$8.75 A	dditional Fee required Certificate of Status	
		7. Name and	Address of Cu	rrent Register	ed Agent			
	Street Address (P.O. Box Number is N 1542 NE 23 Suite, Apt. #, Etc.	lot Acceptable) RJ AV C			60	State Zip Code	564 680.4 ***900.00	
_	appointed the registered agent of the ab	ove named corporation, an	1.	nd accept the c	obligations of sec	1 - 1) 200 0 1)	
		EGISTERED AGENT MUS	1 SIGN		·			
9. Names	and Street Addresses of Each Officer ar	nd/or Director (Florida nonp			·	1		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PT	ROKH, JAMSH	` _P			Ave		=1.32609	
VPS_	KAZEMI, AL	LEN 154	2 NF.	23Rd	AVe	GAINESVILLE	F1.32609	
						30		
	y that I am an officer or director or the rec							

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.