

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 21 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000091508**

1. Corporation Name

BIG BOY SUPERMARKET, INC.

Principal Place of Business

Mailing Address

11801-07 SW 216 STREET
MIAMI FL 33170

11801-07 SW 216 STREET
MIAMI FL 33170

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

12/01/1995

5. FEI Number

65-0631537

Approved For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D P	MASOUD, JAMIL A	11801-07 SW 216 STREET	MIAMI FL 33170
			600002014506--0 -11/26/96--01107--003 ***375.00 ***375.00

REINSTATEMENT 1996
J. Alan
11-21-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LAW OFFICES OF HUGO E BORTA, P.A.~~
~~1601 G BAYSHORE DR STE 2708~~
~~MIAMI FL 33134~~

Name

JAMIL A. MASOUD

Street Address (P.O. Box Number is Not Acceptable)

11801-07 SW 216 ST

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33170

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-9-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-96 (905)

Date

Daytime Phone