

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047440

1. Corporation Name

BARGAIN FOOD MARKET CO

Principal Place of Business

Mailing Address

440 S DIXIE HWY
HOLLYWOOD FL 33020
US

440 S DIXIE HWY
HOLLYWOOD FL 33020
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

BARGAIN Food Market

Suite, Apt. #, etc.

440 S DIXIE HWY

City & State

Hollywood

Zip

33020

Country

FL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1996

SP

5. FEI Number

65-0698667

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DO	JEAN-FRANCOIS, MARIE	6510 SW 8TH STREET	PEMBROKE PINES FL 33023

8. Name and Address of Current Registered Agent

JEAN-FRANCOIS, MARIE
440 SOUTH DIXIE HIGHWAY
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

MARIE Jean-Francois

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

440 S DIXIE HWY

Suite, Apt. #, Etc.

Hollywood

City

FL

State

Zip Code

33020

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

MARIE Jean-Francois
REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/5/00

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:

MARIE Jean-Francois
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/00

Daytime Phone #