## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEM				S	DEPART Secretary SION OF CO	of S					FILEI R-3 PI	H  : L	=
DOCUMENT # P96000062379  1. Corporation Name											TALLA	HASSEE,	STA FLORI	DA
SUNVI QUICK MART, INC.														
2. Principal Office Address - No P.C. Box # 3. Mailing Office Address										BEIM	TATE	MENT	T 01	1-00
5402 BISCAYNE BLVD.					5402 BISCAYNE BLVD.					KEIN	JIAIC		0.0	1-08
Suite, Apt. #, etc.					Suite. Apt. #, etc.					<u>=</u> .			,	
										4. Date incorp To Do Bush	orated or Quanties in Florida		1996	
City & State MIAMI FL					City & State					5. FEI Numbe			E	Applied For
Zip		Countr	Duritry		MIAMI FL		Coun	65-C		65-068195	6		75	Not Applicable
33432	2 US			33432			US			CERTIFICATE OF STATUS DESII				ional Fee required ificate of Status
7. Name and Address of Current Registered Agent											_	<del>-</del>		
Name MOHAMMED M HAQUE									١	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Street Address (P.O. Box Number is Not Acceptable)									7					
5402 BISCAYNE BLVD. Suite, Apt. #, Etc.									ᅱ					
City State Zip Code									4					
MIAMI FL 33137										· _				
8. I, being	8. I, being appointed the orgistered agent of the above named corporation, am familiar with and accept the obli											or 617.0503, F.S	3.	
Signature of Registered Agent										Date 3-31-08				
		/ / /			GISTERED AG				_					
	and Street Ad	of Each O	r Director (Florida nonprofit corporations must list at le Street Address of Eac					st 3 directors)	T					
Titles	Officers and/or Directors				Officer and/or Direc							City / St	ate / Zip	
VTD	SHAHIDA AKTHER			5402 BISCAYNE			YNE BLVD.		· ·	MIAMI FL 33137				
P	MOHAMMED M HAQUE				5402 BISCAYNE BLV					MIAMI FL 33137				
											<b>.</b>	· · · · · · · · · · · · · · · · · · ·		
	Myly					047				04/703	708	104401	5 **	750.00
			7		' {									·
10. 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 diminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all foes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: 3-3/-8 SIGNATURE: Dayling OFFICER OR DIRECTOR Date Dayling Phone #													ne#	
		/	<u> </u>											