

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -7 PM 12:13

DOCUMENT # **P96000067050**

1. Corporation Name

SUN & FARM GROCERY CORP.

2. Principal Office Address

15005 Balm Road

Suite, Apt. #, etc.

City & State

Balm, FL

Zip

33503

Country

USA

3. Mailing Office Address

P.O. Box 646

Suite, Apt. #, etc.

City & State

Balm, FL

Zip

33503

Country

USA

REINSTATEMENT 92701

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/96

5. FEI Number

P96000067050

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nisa Laima

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

15005 Balm Rd

Suite, Apt. #, Etc.

City

Balm FL

State

FL

Zip Code

33503

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

5/3/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres | Nisa Laima | 15005 Balm Rd | Balm, FL 33503 |
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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 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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Nisa Laima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/01

Date

Daytime Phone #

CR2E081 (9/00)