

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



P96000068293

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT 11 AM 10:19

DOCUMENT # P96000068293

1. Corporation Name
CAROL CITY SUPERMARKET, INC.

Principal Place of Business Mailing Address
18323 NW 42ND AVENUE
OPA LOCKA, FLORIDA 33056

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/97	
City & State		City & State		5. FEI Number	
Zip		Country		65-0689761	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
P/VP/D	ERIKA S. HALL	18323 NW 42ND AVENUE	MIAMI, FL 33056
			700003026577--4 -10/27/99--01073--012 ****150.00 ****150.00
			REINSTATEMENT 1998-1999
			700983026577--4 -10/27/99--01073--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ERIKA S. HALL
18323 N.W. 42 AVE
MIAMI, FL 33055

9. Name and Address of New Registered Agent

Name ERIKA S. HALL
Street Address (P.O. Box Number is Not Acceptable)
18323 N.W. 42 ave
Suite, Apt. #, Etc.
+
City Miami State FL Zip Code 33055

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 *Erika S. Hall*
REGISTERED AGENT MUST SIGN

Date 10-5-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: *Erika S. Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-29-99 (305)817-1096
Daytime Phone #

CR2E081 (12/98)