

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAR 12 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000078274

1. Corporation Name

KENNY FOOD SPOT, INC.

Principal Place of Business

Mailing Address

5890 NW 7th Avenue  
Miami, Florida 33127

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified  
To Do Business in Florida

09-19-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0694621

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Sara Abed	5890 NW 7th Avenue	Miami, Florida 33127
Vice-Pres.	Sara Abed	5890 NW 7th Avenue	Miami, Florida 33127
Sec.	Sara Abed	5890 NW 7th Avenue	Miami, Florida 33127
Tr.	Sara Abed	5890 NW 7th Avenue	Miami, Florida 33127

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Sara Abed  
5890 NW 7th Avenue  
Miami, Florida 33127

Name

N/A

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

500002456755--9

Suite, Apt. #, Etc.

-03/13/98--01072--013

\*\*\*\*500.00

\*\*\*\*500.00

City

State

FL

Zip Code

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

Sara Abed

REGISTERED AGENT MUST SIGN

Date

3-11-98

500002456755--9

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

-03/13/98--01072--015

\*\*\*\*500.00 on intangible tax \*\*\*\*500.75

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:

Sara Abed  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-98

Date

(305) 759-0668

Daytime Phone #

CR2E040 (1/98)