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 JUN 15 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089535

1. Corporation Name
DANDY MARKET, INC.

Principal Place of Business / Mailing Address
1314 E. UNIVERSITY AVENUE
GAINESVILLE, FL. 32641

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

2. New Principal Office Address, If Applicable
1314 E. UNIVERSITY AVE
Suite, Apt. #, etc.
City & State
GAINESVILLE FL.
Zip 32641 Country

3. New Mailing Office Address, If Applicable
Suite, Apt #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3408066 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D.P	SULEIMAN SOLOMON	1314 E. UNIVERSITY AVE	GAINESVILLE FL. 32641

T.S. 6/16

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-06/17/98--01004--016
****900.00 ****900.00

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent
Suleiman Solomon
1314 E University Ave
Gainesville, Fl. 32641

9. Name and Address of New Registered Agent
Name Suleiman Solomon
Street Address (P.O. Box Number is Not Acceptable) 1314 E University Ave
Suite, Apt. #, Etc.
City Gainesville State FL Zip Code 32641

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 Suleiman Solomon Date 4/30/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: Suleiman Solomon 4/30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)