

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

97 DEC -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093411

1. Corporation Name
M. L. KING GROCERY, INC.

Principal Place of Business 2357 S.E. LONGHORN AVENUE PORT ST. LUCIE FL 34952	Mailing Address 2357 S.E. LONGHORN AVENUE PORT ST. LUCIE FL 34952
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REINSTATEMENT 97


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 11/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0713658	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
PD	ABED, RAJA	2585 S.E. CHARLESTON DRIVE	PORT ST. LUCIE FL 34952
STD	ABED, HAIFA	2357 S.E. LONGHORN AVENUE	PORT ST. LUCIE FL 34952

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******750.00 ****750.00**

8. Name and Address of Current Registered Agent ABED, HAIFA 2357 S.E. LONGHORN AVENUE PORT ST. LUCIE FL 34952		9. Name and Address of New Registered Agent	
 Signature of Registered Agent REGISTERED AGENT MUST SIGN		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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.
Date **OCT 29, 1997**

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: **Haifa Abed**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **OCT 29, 1997**
Daytime Phone #

CPRE040 (8/97)