

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED

99 JUN 17 PM 1:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000093411

1. Corporation Name
M.L. KING GROCERY, INC
2410 AVENUE D

Principal Place of Business Mailing Address
FT. PIERCE, FLORIDA #1(8)

2410 AVENUE D
FT. PIERCE, FL 34950

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

2. New Principal Office Address, If Applicable 2410 AVENUE D Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida NOVEMBER 12, 1996	
City & State FT. PIERCE, FL 34950		City & State		5. FEI Number 65-07313658	
Zip 34950	Country ST. LUCIE	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
PRES.	HAIFA ABED		
SEC.			
TREAS	612 N.W. PRADO AVENUE PORT ST. LUCIE, FL 34983		
			400002910864--0 -06/21/99--01129--004 ****300.00 ****300.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAIFA ABED 612 N.W. PRADO AVENUE PORT ST. LUCIE, FL 34983		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.
 Signature of Registered Agent *Haifa Abed* REGISTERED AGENT MUST SIGN Date **JUNE 10, 1999**

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: *Haifa Abed*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **JUNE 19, 1999** Daytime Phone # **(561) 461-7050**

CR-REG-1 (12/98)