

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000101951

1. Corporation Name

ROSEY MART, INC.

2. Principal Office Address - No P.O. Box #

1199 N Missouri Ave

Suite, Apt #, etc

City & State

Largo, FL

Zip

33770

Country

3. Mailing Office Address

1199 N Missouri Ave

Suite, Apt #, etc.

City & State

Largo, FL

Zip

33770

Country

7. Name and Address of Current Registered Agent

Name

Sameer Malki

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

1199 N Missouri Avenue

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33770

4. Date Incorporated or Qualified  
To Do Business in Florida 12/16/1996

5. FEI Number  
59-3418750

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-16-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Sameer Malki	5513 El Cerro Drive	New Port Richey, FL 34655

10. E-mail Address: tedsharp@tampabay.rr.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-09

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 19 AM 11:24

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REINSTATEMENT 08-09