

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 14 PM 4:30

DOCUMENT # P97000013396

1. Corporation Name

SUPER SPEEDY FOOD STORE

2. Principal Office Address

11256 SW 137 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

Dade

3. Mailing Office Address

1525 NW 31st #14

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

BROWARD

REINSTATEMENT

02-03

01/02/03 01011 005 250.0
01/02/03 01011 004 500.0
01/15/03 01011 002 150.0

4. Date Incorporated or Qualified
To Do Business in Florida

2/10/97

5. FEI Number

65-0741839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOHAMMED DINAJ KHAN

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

18338 FRESH LAKE WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/13/03

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
PSR	MOHAMMED DINAJ KHAN	18338 FRESH LAKE WAY	BOCA RATON, FL-33498

10. 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:

[Signature]
MOHAMMED DINAJ KHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

954-520-0822
Daytime Phone #

CR2E081 (10/02)