

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARH

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021926

1. Corporation Name

RUPA FOOD MART, INC.

Principal Place of Business

Mailing Address

2237 NO SEACREST BLVD.
DELRAY BEACH FL 33444

2237 NO SEACREST BLVD.
DELRAY BEACH FL 33444

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1997

5. FEI Number

65-0742375

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KHAN, RANA M	18344 CORAL SANDS WAY	BOCA RATON FL 33498
D	AHMED, FARID	1028 SALMON ISLE	WEST PALM BEACH FL 33413

600036281576
05/14/04 01894-011 **150.00

REINSTATEMENT

03-04

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AHMED, FARID
1028 SALMON ISLE
WEST PALM BEACH FL 33413

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/15/03

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRB040 (7/03)



TAX HELP

Attachment page 20

P97000021926

April 30, 2004

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: RUPA FOOD MART INC
DOCUMENT #P97000021926

We previously sent you a request regarding reinstatement for the above corporation. This is a 2nd request to waive the late fees on the above taxpayer's renewal because the taxpayer did not receive any prior notices.

In addition, you will find a signed UBR for 2004 and a check for \$150.00.

Thank you,

Spiro Galanis
President
TAX HELP USA INC