

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

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DOCUMENT # P97000023000

1. Corporation Name

SEX SUPERMARKET, INC.

00 OCT 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7471 N.W. 63RD STREET
MIAMI FL 33166

7471 N.W. 63RD STREET
MIAMI FL 33166



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

03/07/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0751036

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	FONT, ARMANDO	2901 S.W. 135TH AVE	MIAMI FL 33175
D	FONT, MARIA A	2901 S.W. 135TH AVE	MIAMI FL 33175

500003456155-0
-11/07/00--01121--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FONT, ARMANDO
7471 N.W. 63RD STREET
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/19/00

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00 305/470-2483

Daytime Phone #

CR2E(4/01/00)

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**Armando Font
2901 S.W. 135 Avenue
Miami, Florida 33166**

October 19, 2000

**Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327**

Re: Sex Supermarket, Inc.

Document No. P97000023000

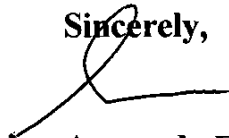
Gentlemen:

I am requesting reinstatement of the above referenced Corporation. We did not receive first nor second notice of annual report. This corporation is not an active company.

I am asking that you kindly reinstate the Company. Enclosed please find our check #7832 in the amount of \$150.00.

Thanking you in advance for your cooperation.

Sincerely,



Armando Font

AF/

Encl.