

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

P97000029542

FILED

01 MAR -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029542 (2)

1. Corporation Name

THREE BROTHERS SUPERMARKET, INC.

2. Principal Office Address

279 NE 79th Street

Suite, Apt. #, etc.

City & State

Miami, FL 33138

Zip

33138

Country

USA

3. Mailing Office Address

279 NE 79th Street

Suite, Apt. #, etc.

City & State

Miami, FL 33138

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/1997

5. FEI Number

65-0740029

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

MOHAMED IBRAHIM

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

279 NE 79th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33138

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

Date **2/19/01**

REGISTERED AGENT MUST SIGN

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
PD	IBRAHIM, MOHAMED	279 NE 79th Street	Miami, FL 33138

REINSTATEMENT

2000-2001

(3/2)

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:

Mohamed Ibrahim

2/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #