

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000035505

1. Corporation Name

SONAL FOOD MART, INC.

Principal Place of Business

4703 22ND AVENUE SOUTH  
SAINT PETERSBURG FL 33711

Mailing Address

4703 22ND AVENUE SOUTH  
SAINT PETERSBURG FL 33711

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/1997

5. FEI Number

65-0746105

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	HOSSAIN, SHAKAWAT	3794 27TH AVE. SOUTH	SAINT PETERSBURG FL 33711
VP	KHAN, SALIM U - OUT -	2539 44TH STREET SOUTH	ST. PETERSBURG FL 33711 DELETED
			05/13/04--01073--001 **300.00
			300036274343
			05/13/04--01073--001 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOSSAIN, SHAKAWAT  
3794 27TH AVE. SOUTH  
SAINT PETERSBURG FL 33711

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/9/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/04 727-266-1028

FILED

04 JUN 21 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CR2E040 (7/03)

2052

**PROFESSIONAL BOOKKEEPERS**



110 S. MANHATTAN AVE. ♦ #64 ♦ TAMPA, FL. 33609 ♦ HILLSB.  
Phone 813-760-7658 ♦ Fax 813-282-3169

June 06, 2004

TO WHOM IT MAY CONCERN:

CORP.# P97000035505 WAS SEND TO THE BUSINESS ADDRESS WISH IT WAS CLOSED AT THAT TIME  
THE FIRST AND SECOND RENEWAL WAS NOT RECEIVED.

PLEASE ACCEPT THE PAYMENT OF 2003 AND 2004 RENEWAL \$300.00.

IF YOU NEED ANY MORE INFORMATION PLEASE CALL THE ABOVE # OR WRITE TO THE ABOVE  
ADDRESS.

Sincerely,

BASSAM SALEH/ PRES.