PLEASE READ	ALL INSTRUCTION	ONS BEFORE C	OMPLET	ING THIS FORMUV		· · · · · · · ·
APPLICATION FLORIDA DEF		TMENT OF STATE	AND FILED			•
FOR Sandra B. M						
REINSTATEMENT DIVISION OF CORPORATIONS			98 DEC AM 9: 27			
DOCUMENT # P97000046198				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Gideon Brothers Ente	C .					
D.B.A. Beacon Square Grocety. Principal Place of Business Mailing Address						
3332 .W. moog Rol						
Holiday Fr 34/91						5
				,		•
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			Date Incorporated or Qualified To De Ruckess in Storida			1
Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida 5. FEI Number			-
City & State	& State City & State		59-	344-8885	Applied For Not Applicable	<u> </u>
Zip Country	Zip	Country	6. CERTIFICATE	S8.75 A	dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Directors 1 2 (Do NOT Use Post Office Box I				City / State /	Zip	
			· - · - · · ·	PS.L/Fla/34	784	1
P Rafat Jadon 2143 S.E Stargrass st PS. L/+19/34784						-
				 00002713	 	
			nur r w	-12/15/980:	1083023	*
	· 	 		****150.00	****150.00	}
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						1
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			}
Name Name						(98)
20.50			Street Address (P.O. Box Number is Not Acceptable)			E040 (1
SADOWN RAFAT			Suite, Apt. #, Etc.			뚕
Port St Lucie, F. 34984 City			·	State Zip	p Code	-
10. I, being appointed the egistared egent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						1
Signature of Registered Agent Date 12/7/98 REGISTERED AGENT MUST SIGN						{
11. This corporation owes or has paid the current year No V (See other side for information on intangible Personal Property tax due June 30. Yes No V						j
12. 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 filling 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 FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #						