

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084630

1. Corporation Name

ARCO IRIS SUPERMARKET, INC

2. Principal Office Address - No P.O. Box #

636 S STATE ROAD 7

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33068

Country

USA

3. Mailing Office Address

636 S STATE ROAD 7

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33068

Country

USA

7. Name and Address of Current Registered Agent

Name

EDUARDO A LOPERA

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

636 S STATE RD 7

Suite, Apt. #, Etc.

City

MARGATE, FL

State

FL

Zip Code

33068

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

Eduardo Lopera

REGISTERED AGENT MUST SIGN

Date

9-2-09

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
PST	EDUARDO A LOPERA	636 S STATE RD 7	MARGATE, FL 33068

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 contained in Chapter 119, 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:

Eduardo Lopera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-09

Date

954-971-3531

Daytime Phone #

FILED

09 SEP -4 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001

REINSTATEMENT 07-09

600160344926

09/04/09--01003--019 **450.00

CR2007 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1997

5. FEI Number
650341805

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

9/8a