

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 24 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000086231

1. Corporation Name

CIRCLE "A" GAS & FOOD, INC.

2. Principal Office Address

25 S. 34TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

25 S. 34TH ST.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33711

Country

U.S.A

Zip

33711

Country

U.S.A

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

October 2, 1997

5. FEI Number

59-3466098

Applied For
Not Applied For

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NADER ABDALAH

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

13333 Ridge Road #1701

Suite, Apt. #, Etc.

900003118769-4

-02/01/00-01086-018

****900.00 ****900.00

City

Largo

State
FL

Zip Code

33778

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 1/15/2000

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
Director	<u>NOFAN A. AHMAD</u>	<u>13333 Ridge Road #1701</u>	<u>Largo, FL 33778</u>
Pres.	<u>NOFAN A. AHMAD</u>	<u>Same</u>	<u>Same</u>

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: Nofan A. Ahmad

NOFAN AHMAD

Date 1/15/2000

Daytime Phone # (727) 327-8047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #