

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 23 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

DOCUMENT # P98000003508

1. Corporation Name
FOOD MAX #1002, INC.

2. Principal Office Address
6101 S. MACDILL AVE.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL.

City & State

Zip
33611

Country
HILLSBOROUGH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 01/12/1998

5. FEI Number
593487361

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
JALAL AHMED

Street Address (P.O. Box Number is Not Acceptable)
790 E. BAY BLVD.

Suite, Apt. #, Etc.

City
LARGO

State
FL

Zip Code
33770

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

JALAL AHMED

REGISTERED AGENT MUST SIGN

Date 6/20/05

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
P	JALAL AHMED	790 E. BAY BLVD.	LARGO, FL. 33770
			000057099100 07/06/05--01060--012 **150.00

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:

JALAL AHMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/05 813-780-7658

CR2E081 (01/05)

2072

PROFESSIONAL BOOKKEEPERS



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

06/22/2005

TO WHOM IT MAY CONCERN:

2003 OR THE YEAR BEFORE

MR. JALAL AHMED DID NOT RECEIVE ANY PAPER WORK LAST YEAR[↑] FOR THE RENEWAL OF HIS CORP.

HE ASK FOR THE WAVE OF THE LATE FEES.

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

JALAL AHMED

JALAL AHMED

Sincerely,

BASSAM SALEH/ PRES.