

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 # **P98000013044**

1. Corporation Name

**PINELLAS POINT MEAT MARKET, INC.**

Principal Place of Business

Mailing Address

2208 - 62ND AVE. SOUTH  
ST. PETERSBURG FL 33712

2208 - 62ND AVE. SOUTH  
ST. PETERSBURG FL 33712

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3491962

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D	HAMED, GAZI M	2208 - 62ND AVE. SOUTH	ST. PETERSBURG FL 33712
PVST	HAMED, GAZI M	2208 - 62ND AVE. SOUTH	ST. PETERSBURG FL 33712

300028153783  
02/03/04--01060--007 \*\*150.00

300028153783  
02/25/04--01006--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMED, GAZI M  
2208 - 62ND AVE. SOUTH  
ST. PETERSBURG FL 33712

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

2/17/04

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

1/30/04 727-520-8652

Daytime Phone #

FILED

04 FEB 25 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



CR2E040 (7/03)

January 27, 2004

~~To Whom It May Concern:~~

It has just come to my attention the corporation for my company was dissolved. In my research of this problem, I found the enclosed Uniform Business Report Letter of Dissolution of our corporation. I am not aware of having received any other notice regarding our UBR report. My concern is this matter was not taken care of due to my being out of the country on business part of last year.

As per instructions received when we called the Division of Corporations, we are enclosing our \$150 check for the year 2003. I am aware it is also time to file the same report for 2004. I appreciate your consideration in this matter and I will file for 2004 promptly upon receiving confirmation of the acceptance of the filing for 2003.

Thank you.

~~Gazi M. Hamed~~

