

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -9 AM 8:00

DOCUMENT # ~~P04000402703~~ **P98000018346**

1. Corporation Name

LEE's GROCERY, INC.

2. Principal Office Address
2210 Central Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33602

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 02/25/1998

5. FEI Number
59-3530097

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
MRS

7. Name and Address of Current Registered Agent

Name
Abdel Qader

Street Address (P.O. Box Number is Not Acceptable)
2210 Central Avenue

Suite, Apt. #, Etc.

City
Tampa

State Zip Code
FL 33602

300030063163

05/05/04 01024 002 *1398 00

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

Abdel Qader

REGISTERED AGENT MUST SIGN

Date 2-10-04

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 | Abdel Qader | 2210 Central Avenue | Tampa, FL 33602 |
| V | Izedehar Qader | 2210 Central Avenue | Tampa, FL 33602 |
| | | | |
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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:

Abdel Qader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-10-04

Daytime Phone #

CR2E081 (01/04)

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Lee's Grocery, Inc.

2210 Central Avenue Tampa, FL 33602
(813) 229-6750

State of Florida
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314


10 February 2003

RE: Lee's Grocery, Inc. DOC# P98000018346

To Whom It Concern:

²⁰⁰³
This letter is to inform you that I did not receive notification of renewal and thusly we are requesting that any filing fees be waived and per my conversation with a state agent enclosed please find a check for \$300.00 and a reinstatement application.

Sincerely,


Abdel Qader