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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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P.1

DOCUMENT # P98000027728

1. Corporation Name
Bayfront Food Mart, Inc.2. Principal Office Address
210 S. Indiana Avenue3. Mailing Office Address
210 S. Indiana Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 3/25/98City & State
Englewood, FloridaCity & State
Englewood, Florida5. EIN Number
850437058Applied For
Not ApplicableZip
34223Country
USAZip
34223Country
USA6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FLZip Code
32301B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.
Date December 29, 2000Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

8. 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
D	Stottlemeyer, Stephen W.	210 S. Indiana Avenue	Englewood, Florida 34223
D	Stottlemeyer, Therese K.	210 S. Indiana Avenue	Englewood, Florida 34233

AD

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)(b), 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

Daytime Phone #

H00000067752 6

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)922-4004

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

BAYFRONT FOOD MART, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

Pg. 2
Pgs 27728