

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 09 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11242008 REIN-P CR2E098 (1/07)

4. FEI Number **65-0860783** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | | | |
|----------------------------------------------------------------------------|---------|---------------------------------------------------------|---------|
| DOCUMENT # P98000079345 1. Entity Name FIESTA GROCERY AND DELI, INC. | | | |
| Principal Place of Business 3556 LANTANA RD LANTANA, FL 33462 | | Mailing Address 3556 LANTANA RD LANTANA, FL 33462 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | | |
|------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent ALJILANI, HAMED 3556 LANTANA RD LANTANA, FL 33462 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: Gladys Aljilani DATE: 12/29/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALJILANI, HAMED 192 BELLA VISTA WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600139394536 12/31/08--01040--010 **750.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALJILANI, GLADYS 192 BELLA VISTA WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREA, GLADYS 1328 FISHERS PL WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREA, BENIGNO 1328 FISHERS PL WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Gladys Aljilani Gladys Aljilani DATE: 12/29/08 DAYTIME PHONE: 561-422-2185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hamed Aljilani **HAMED ALJILANI - 2-3-2009**

February

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Fiesta Grocery and Deli, Inc.
Reinstatement
P98000079345

To Whom It May Concern:

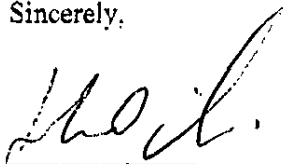
Enclosed find notice you sent in reference to the reinstatement. I called your offices today, Monday, February 2 to explain that every year I had received a small package to file the annual report and had always paid it timely.

Last year I did not receive it and forgot to pay it on time. When we found out, my wife downloaded the report but did not mark that we had not received it and sent in \$750.00. Because you received it after January 1, 2009 you are requesting an additional \$150.00 to pay for the current year.

I was asked to write so that the penalties be waived and to be charged \$300.00 for 2008 and 2009. Also, to request a refund of the excess that I paid of the \$750.00, which should be \$450.00. Thank you very much and sorry for the inconvenience.

I am also signing as requested since my wife signed on the registered agent line.

Sincerely,



Hamed Aljilani
President