

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

Mailing Address

3951 NW 7TH ST.
PLANTATION FL 33311

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1998

5. FEI Number

65-087646A

APPROVED FOR	

Not Applicable

6. _____

\$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
VSTD	HAQUE, ANAMUL	3951 NW 7TH ST.	PLANTATION FL 33311
PD	MAHMUD, MAKSUMUL	3951 NW 7TH ST.	PLANTATION FL 33311
			300003065973--1 -12/10/99--01004--003 ****150.00 ****150.00
		TS	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAHMUD, MAKSUMUL
3951 NW 7TH ST.
PLANTATION FL 33311

Name _____

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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.

Signature of
Registered Agent

Date _____

11/15/99

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 _____

Daytime Phone # _____

10/31/99

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To: Division of Corporations.

Subject: Lina's SUPERMARKET INC.

As per our conversation on 10/18/99 enclosed please find the Re-Instatement report for Lina's Supermarket Inc with the ORIGINAL fee of \$150⁰⁰ as agreed in our phone conversation due we never received the first or second annual report submission

Sincerely yours

MAYSUMO MOHAMED.