

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 SEP 24 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011413

1. Corporation Name

ROYAL FOOD SPOT, INC

2. Principal Office Address

5890 NW 7 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

5890 NW 7 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33127

Country  
USA

City & State

MIAMI, FL

Zip

33127

Country

USA

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/1999

5. FEI Number

65-0898129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIE L. JACKSON

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

18800 NW 2ND AVENUE

Suite, Apt. #, Etc.

# 221

City

MIAMI

State  
FL

Zip Code

33169

500004617065--5

10/01/01-01014-028

\*\*\*\*900.00 \*\*\*\*900.00

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

Date 09/18/01

REGISTERED AGENT MUST SIGN

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
PD	IBRAHIM, IBRAHIM A.	5890 NW 7 AVENUE	MIAMI, FL 33127
SD	SAIEH, MAHER	5890 NW 7 AVENUE	MIAMI, FL 33127

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: IBRAHIM A. IBRAHIM 9/18/01 305-757-9884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #