

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000011413

1. Corporation Name

ROYAL FOOD SPOT INC

2. Principal Office Address

5890 NW 7 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33127

Country

USA

3. Mailing Office Address

5890 NW 7 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33127

Country

USA

FILED

06 OCT 23 PM 12:16

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

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.

SUITE 221

City

MIAMI

State

FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date

10/15/04

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
PD	IBRAHIM, B. AAFATI	8531 SW 5TH ST # 212	BEMBROKE PINES, FL 33025

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 contained in Chapter 119, 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

10/15/04

Daytime Phone #

26-751-9338

October 10, 2006

To: The Florida Department of State

Ref:

Doc # P99000011413

In reference to our corporation Annual Business Report forms. For the past two years we have not received our annual report forms before June 30th of each year along with other mail that continually gets lost in our area. We again are requesting abatement of the penalties for the annual report. Enclosed is a check for \$ 300.00 and a completed Annual Report form.

Sincerely

A handwritten signature in black ink, appearing to read 'Raafati Ibrahim', with a long, sweeping horizontal line extending to the right.

Raafati Ibrahim
President