

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 OCT 30 PM 1:24

DOCUMENT # **P99000020401**

1. Corporation Name

**BONANZA SUPERMARKET, INC.**

Principal Place of Business

Mailing Address

47 NW 79TH STREET  
 MIAMI FL 33150

47 NW 79TH STREET  
 MIAMI FL 33150

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/01/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0960688	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/D	MITHAVAYANI ZULFIQAR	131 NW 151 <sup>ST</sup> AVE	PEMBROKE PINES FL 33028 600003453496--8 -11/15/00--01005--015 *****750.00 *****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MITHAVAYANI, ZULFIQAR 131 N.W. 151 AVENUE PEMBROKE PINES FL 33028		Name <b>ZULFIQAR A MITHAVAYANI</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>131 NW 151<sup>ST</sup> AVE</b>	
		Suite, Apt. #, Etc.	
		City <b>PEMBROKE PINES</b>	State <b>FL</b>
		Zip Code <b>33028</b>	

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: *[Signature]* Date: **10-26-00**

REGISTERED AGENT MUST SIGN

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]* MITHAVAYANI ZULFIQAR (305) 754-6202  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)