

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 22 PM 12:48

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P99000033030

1. Corporation Name

Safeway Industries, Inc.
133 NE 2nd Avenue
Deerfield Beach, FL 33441 W06-11789

2. Principal Office Address

133 NE 2nd Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1140
Suite, Apt. #, etc.

City & State

Deerfield Beach, FL
Zip 33441 Country USA

City & State

Deerfield Beach, FL
Zip 33443 Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-6-1999

5. FEI Number

65-0910055

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

Bruce Berger

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

133 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Deerfield Beach, FL 33441

State
FL

Zip Code

33441

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

Th. Aug

Date

2-23-06

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
<u>P</u>	<u>Michael Dennis</u>	<u>133 NE 2nd Avenue</u>	<u>Deerfield Beach, FL 33441</u>

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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

223-06

Date

954-425-8435

Daytime Phone #