

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 99 0000 40464

1. Corporation Name

EMERALD COAST CONVENIENCE STORES, INC.

2. Principal Office Address - No P.O. Box #

10247 HWAY 98

Suite, Apt. #, etc

3. Mailing Office Address

10247 HWAY 98

Suite, Apt. #, etc.

City & State

DESTIN, FL.

City & State

DESTIN, FL.

Zip

32550

Country

WALTON

Zip

32550

Country

WALTON

7. Name and Address of Current Registered Agent

Name

HABIBALLAH KARIMI

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

167 FANDY CAY DR.

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32550

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 FEB 17, 2010

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
PRESIDENT	NOOR A. KHAN	118 ASHBURY SQ.	HOOVER, AL. 35216
V.P.	NASSER BANILOHI	3433 STROLLAWAY DR.	HOOVER, AL. 35226

10. E-mail Address: NASSER.BANILOHI@GMAIL.COM

(To be used for future annual report notification)

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. I further certify, 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:

NASSER BANILOHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 17, 2010 205-520-6350

Date

Daytime Phone #

FILED

10 MAR -8 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600171549276
03/03/10--01001--015 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 1999

5. FEI Number

59-3582013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.