1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ~~REINSTATEMENT~~

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

FILED
02 MAY -2 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042621

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****150.00 ****150.00

2001-2002 VBR

1. Corporation Name
EXCEL FOOD MART INC

2. Principal Office Address	3. Mailing Office Address
2262 Harborview DR	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin	City & State
Zip: FL / Country	Zip: 34698 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/11/99

5. FEI Number: 593580917 ☐ 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: KHAIRUNISSA MANJANI
Street Address (P.O. Box Number is Not Acceptable): 2262 Harborview DR
Suite, Apt. #, Etc.:
City: Dunedin | State: FL | Zip Code: 34698

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: Khairunissa Manjani Date: 4/29/02
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
PRES	KHAIRUNISSA MANJANI	2262 Harborview DR	Dunedin FL 34698
			04/18/01 90031 018
			$150.00

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.

(727)215-5699

SIGNATURE: Khairunissa Manjani Pres 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXCEL FOOD MART INC

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4/29/02

TO WHOM IT MAY CONCERN

As we had sent filling fee for year 2001 $150^{xx} due to some misunderstand Stati had sent the forms at wrong location & we did not receive it. We request you to furnish along with we are sending you fee for year 2002 also. If you have any question call @ (813) 758-8576. We appreciate your co-operation

Thanking You

Chairman Mandan.

K HAIRUNISSA MANSARI

President