

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000066365

1. Corporation Name

HWY 60 & 80 FOOT ROAD FOOD MART, INC.

Principal Place of Business

Mailing Address

817 18TH STREET SW
LARGO FL 33770

817 18TH STREET SW
LARGO FL 33770

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

07/27/1999

5. FEI Number

59-3589191

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALI, SHAMIM M	817 18TH ST.SW	LARGO FL 33770 400006158374--2 -07/02/02--01047--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAMIN, ALI

790 EAST MAY ROAD
LARGO FL 33770

Name

JALAL AHMED

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

817 18TH ST SW

Suite, Apt. #, Etc.

LARGO

City

State

Zip Code

FL

33770

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 OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date

4-20-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
Date Daytime Phone #

FILED
Jun 28, 2002 8:00 A.M.
Secretary of State

REINSTATEMENT 01-02

CR20040 (807)