

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
TALLAHASSEE, FLORIDA

01.OCT.22-PM 3:28

DOCUMENT # P99000071164

1. Corporation Name

FOOD MART CORP.

Principal Place of Business

Mailing Address

604 MALALEUCA LN.
GREENACRES FL 33463

604 MALALEUCA LN.
GREENACRES FL 33463



REINSTATEMENT 01

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1999

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3020 JOG RD.

3020 JOG RD

City & State

City & State

GREEN ACRES FL

GREENACRES FL

Zip

Country

Zip

Country

33463

U.S.A

33463

U.S.A

5. FEI Number

15-0940337

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	AKTHAR, MOHAMMAD J	604 MALALEUCA LN.	GREENACRES FL 33463
			800004672588--5 -11/08/01--01046--025 ****250.00 ****250.00
			800004672588--5 -11/08/01--01046--026 ****250.00 ****250.00
			800004672588--5 -11/08/01--01046--027 ****250.00 ****250.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AKTHAR, MOHAMMAD J
604 MALALEUCA LN.
GREENACRES FL 33463

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/17/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MOHAMMAD J AKTHAR

10/17

(561) 436-5713

CR2E040 (8/01)