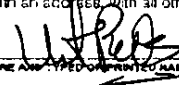


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P99000098023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                        |                                                                   |
| 1. Entity Name<br><b>U &amp; R FOOD MART, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>U&amp;R FOOD MART INC<br/>25220 CR 42<br/>PAISLEY, FL 32767</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              | Mailing Address<br><b>U&amp;R FOOD MART INC<br/>25220 CR 42<br/>PAISLEY, FL 32767</b>                                                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              | 3. Mailing Address                                                                                                                      |                                                                   |
| Site, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                      | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>59-3607146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              | <b>\$8.75 Additional Fee Required</b>                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>PATEL, UTPAL<br/>1660 GOLD OAKS RD<br/>DELTONA, FL 32725</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                                                                         |                                                                   |
| SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$300.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                            |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PSTD<br>PATEL, UTPAL<br>25220 CR 42<br>PAISLEY, FL 32767 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VD<br>PATEL, MAYUR<br>1660 GOLD OAKS RD<br>DELTONA, FL 32725 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 or Block 111. |                                                                                              | <b>REINSTATEMENT</b><br><b>300088286563</b><br><b>02/14/07--01010--022 **300.00</b>                                                     |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | 1/26/07                                                                                                                                 |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | Date Day/Mo/Yr                                                                                                                          |                                                                   |

FILED

2007 FEB -5 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

012420C7 REIN-P CR2E098 (1/07)