

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # **P99000098079**

1. Corporation Name

XPRESS FOOD MAX, INC.

00 NOV -9 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6325 SILVER STAR RD.
ORLANDO FL 32818

Mailing Address

6325 SILVER STAR RD.
ORLANDO FL 32818



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	11/08/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	59-3607460	
Zip	Country	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
D	BHUIYAN, SHABNAM M	6325 SILVER STAR RD.	ORLANDO FL 32818
D	ARFAN, SHAIKH	6325 SILVER STAR RD.	ORLANDO FL 32818
D	ISLAM, ANNA	6325 SILVER STAR RD.	ORLANDO FL 32818
			100003496981 6 -12/12/00 -01012--017 ****758.75 ****758.75
			REINSTATEMENT 2000
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

BHUIYAN, SHABNAM M
6325 SILVER STAR RD.
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
FL		

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 Shabnam M. Bhuiyan **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-16-00

CR2040 (8/00)

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: Shabnam M. Bhuiyan **SHAikh CAREND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00 (407)292-3755
Daytime Phone #