

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



1998 AR
FLORIDA SECRETARY OF STATE
Sandra M. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 29 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 506790

Corporation Name 18th AVE SUPER MARKET INC

Principal Place of Business

Mailing Address

1856 18th AVE S
ST PETERSBURG
FL 33712

1856 18th AVE S
ST PETERSBURG
FL 33712

600002678566--1
-11/03/98--01013--012
****550.00 ****550.00

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

10/2/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

593031109

Not Applicable

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City : State / Zip
P	ALI MOON N NAZIRBAKH	5737 147 AVEN	CLEARWATER FL 33760

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name ERIC MALLAY
Street Address (P.O. Box Number is Not Acceptable)
1856 18th AVE S
Suite, Apt. #, Etc.
City ST. PETERSBURG State FL Zip Code 33712

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.

Per Mr. Nazi

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

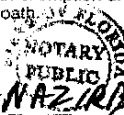
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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)(ii), 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

Ali Moon N Nazirbakh

ALI MOON N NAZIRBAKH



GLENDIA W SHORTER
My Comm Exp. 10/15/99
Bonded By Service Inc
No. 00502082

Date Personally Known (Other) Daytime Phone #

813 822 6345