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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 06 NGT -7 M 12: 45						
DOCUMENT # 530409  1. Corporation Name Shop & Save, Inc.  150 E Third St.  Jacksonville, FL 32206										SEC TALL	t. CV	!	u. JÁ	
2. Principal Office Address 150 E Third St.				3. Mailing O	ffice Address	s		REINSTATEMENT 05-06						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida						
Jacksonville FC				City & State				5. FEI Number Applied For Not Applicable						
322	32206 DUVA			322 b	32206 Country				CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status					
	7. Name and Address of Current Registered Agent Name													
	Street Address (P.O. Box Number is Not Acceptable)  150 E Third St.  Suite, Apt. #, Etc.  City Jacksonville State Zip Code FL 32206													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date MODICAL REGISTERED AGENT MUST SIGN														
9. Names	and Street A	Addresses of	Each Officer and	d/or Director (Flo	orida nonprot	fit corpora	tions must list at l	east 3 directors)						
Titles	_		Name of and/or Directors	Street Address of Each Officer and/or Directo					City / State / Zip					
D	Far	hat	, Ibra	him	150	E.	Third	St.	Ja	ckson	ر:۱۱۷٫	FL:	37206	
D	Far	hat	, E55	9	150	E.	Third	St.	Jac	45000	ville, F	<u>د ا -</u>	2206	
								11.	<b>707</b> 07/0	<b>108</b> 601(	1556 10301	301 () *		
10. 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 contained in Chapter 119, 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  Date  Destine Phone #														

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## Shop & Save, Inc. 150 E Third St. Jacksonville, Florida 32206

November 3, 2006

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: Document Number S 30409

Dear Division of Corporations,

This letter is to state that we did not received the original renewal form in neither 2005 nor 2006. As per our telephone conversation, a check for the amount of \$300.00 and the form should and is being mailed in. We have maintained a this corporation since 1991 and would like for it to reinstated for \$300.00 amount.

Thank you for time and consideration in this matter.

Sincerely,

Essa Farhat