

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S61406

1. Corporation Name

4-YOU FOOD STORES, INC.

Principal Place of Business

Mailing Address

3959 SPRING GLENN ROAD
JACKSONVILLE FL 32207

3959 SPRING GLENN ROAD
JACKSONVILLE FL 32207



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

06/21/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3072084

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SALLOUM, MAZEM	3935 PITTMAN DR.	JACKSONVILLE FL 32207

400008638904
10/28/02--01136--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISAAC, FRED C
2468 ATLANTIC BLVD
JACKSONVILLE FL 32207

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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

Date

Daytime Phone #

CR2040 (8/02)

4-You Food Stores, Inc.
3959 Spring Glenn Road
Jacksonville, Florida 32207

October 24, 2002

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

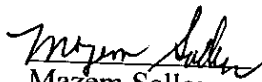
RE: 4-You Food Stores, Inc.
3959 Spring Glenn Road
Jacksonville, Florida 32207

To Whom It May Concern:

This letter is to state that we did not received the original renewal form in neither April nor May of 2002. As per our telephone conversation, a check for the amount of \$150.00 and the form should and is being mailed in.

Thank you for time and consideration in this matter.

Sincerely,


Mazem Salloum