


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 PM 2:02

DOCUMENT # **S99327**

1. Corporation Name

B D FOOD MART INC.

Principal Place of Business

2121
~~3321~~ W. ATLANTIC AVENUE
DELRAY BEACH FL 33444

Mailing Address

2121
~~3321~~ W. ATLANTIC AVENUE
DELRAY BEACH FL 33444



REINSTATEMENT **02**

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

12/09/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0297528

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	KADER, MOHAMAD	15933 SW 8TH AVE #H105	DELRAY BEACH FL
DVP	AHMED, ABU NASIR	15933 SW 8TH AVE #H105	DELRAY BEACH FL
			600003490806--5 -12/08/00--01007--007 ****250.00 ****250.00
			600003490806--5 -12/08/00--01007--008 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KADER, MOHAMAD ABDUL
2121 W. ATLANTIC AVENUE
DELRAY BEACH FL 33445

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

Mohamad Abdul Kader (PTD)

Date **11-15-2000**

REGISTERED AGENT MUST SIGN

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:

Mohamad Abdul Kader (SVP)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-2000

Date

Daytime Phone #

CR2E040 (8/00)