

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

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

**DOCUMENT #** V 1492

**1. Corporation Name**  
S & N Food Store Inc

**2. Principal Office Address**  
8531 Renard Blv  
Suite, Apt. #, etc.  
City & State  
Tampa FL  
Zip  
33617 Country  
Hill

**3. Mailing Office Address**  
7021 W. Himes Ave  
Suite, Apt. #, etc.  
City & State  
Tampa FL  
Zip  
33614 Country  
Hill

**FILED**  
**01 MAR 21 AM 9:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**7. Name and Address of Current Registered Agent**

Name  
Rifaie, Nabil

Street Address (P.O. Box Number is Not Acceptable)  
8531 Renard Blv

Suite, Apt. #, Etc.

City  
Tampa

State  
FL

Zip Code  
33617

000003952330-3  
-04703/01-01020-008  
\*\*\*\*450.00 \*\*\*\*450.00

**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 [Signature]

Date 3-19-01

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>V.P.</u>	<u>Rifaie, Mike</u>	<u>15106 Alexis Dr</u>	<u>Tampa FL 33624</u>

**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 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

3-19-01  
Date

813 563-1287  
Daytime Phone #

CR2E081 (9/00)

208

S & N Roof Stores

7027 N. Himes Ave

Tampa FL 33614

This letter to let you know that S & N would like to  
Reinstate it Statutes with the Dep of corporations  
and that for the last two year I never received  
the form ~~to~~ do that. , so please Accept this  
letter of reinstatement with the fees

Thank you

