PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	110
CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  06 OCT 11 PH 2: 29	1 (
DOCUMENT # VILLY STATE  1. Corporation Name  STATE  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA	0/
2. Principal Office Address 11903 N. 5370 St 11903 N. 5370 St 11903 N. 5370 St 10002 CR2EQ8: 622057	\$150
Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida  City & State  City & State  Applied F	
Zip Country Zip Country G. CERTIFICATE OF STATUS DESIRED S8.75. Additional Feer of a Certificate of STATUS DESIRED OF ST	equired
7. Name and Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  I Go R N. 53 / 8 SH  Suite, Act. #, Etc.  State  State  Zip Code  FL 3 3617	
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 TREGISTERED 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 Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
P Zuncis-RiPaire 15/06 Alexis Dr Janpa X1 336	24
UP, S Nawil-Rifaire 11903 N. 53/854 Tampa #1336	17
VP.T Samir-Ritarie 11902 N. 53/15+ (aug +13)	ы / <sub>1</sub>
200081185392 10/25/0601032014 **300.	00_
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 fill 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 fe 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 indice 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  Date  Date  Date  Date  Date	es

W

## To whom It May Concern

10-10-06

Hy name it Nawit- Riffice with address 11903

N. 5318 St , Tampo, FI 33617 When I change

the principal address for the S& D Food Storesinc

with document of V14492 Dack on 6-192002 I

belied I among the mailing address in which stonged

the same and I didn't recived the 2004

Annual report, Please Peinstate the corporation

with waiting the Reinstatement Feet

I send \$100 back at 10-22006, and Ian sending

\$ 300 to make it up to date

Marsir Jan.