

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # V57404

00 FEB -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporation Name  
JAHAN'S FOOD STORES INC.

Principal Place of Business Mailing Address  
111 W Main Street 1111 W Main Street  
Avon Park, FL 33825 Avon Park, FL 33825

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/13/92	
City & State		City & State		5. FEI Number	
Country		Zip		Country	
				-59-3137223	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				Not Applicable	

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

Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Secretary	Anjuman A. Ahmed	4020 Ramiro Street	Sebring, FL 33872
President	M. AZAM CHOWDHURY	4020 RAMIRO STREET	Sebring, FL 33872

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Anjuman A. Ahmed		Name	
4020 Ramiro Street		Street Address (P.O. Box Numbers Not Acceptable)	
Sebring, FL 33872		Suite, Apt. #, Etc.	
		City	
		State	
		Zip Code	

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: Anjuman A. Ahmed Date: 12/29/99  
REGISTERED AGENT MUST SIGN

i. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Anjuman A. Ahmed Anjuman A. Ahmed  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/99  
Date Daytime Phone #