APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN 17 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 64363

Corporation Name: FOOD DEPOT SUPERMARKET CORPORATION

Principal Place of Business	Mailing Address
6190 SW 8th Street Miami, Fl. 33144	6190 SW 8th Street Miami, Fl. 33144

REINSTATEMENT 96-97

DO NOT WRITE IN THIS SPACE

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
same	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/1992

5. FEI Number: 65-0441534 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ ($8.75 Additional Fee required for Certificate of Status)

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

1 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)	4 City / State / Zip
P/D	SAAVEDRA, Jose	223 NW 64 Avenue	Miami Florida

900002063309--6
-01/21/97--01024--019
****923.75 ****923.75

JB 1-17-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOSE M. MARQUEZ, ESQ. ~~700~~ NW LeJeune Road Suite ~~400~~ Miami, Florida 33126	Name: Jose M. Marquez, Esq. Street Address (P.O. Box Number is Not Acceptable): 782 NW LeJeune Road Suite, Apt. #, Etc.: 548 City: Miami — State: FL — Zip Code: 33126

10. Having been 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: Jose M. Marquez — Date: 01/13/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: Jose Saavedra, President — 1/13/97 — (305) 262-2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #