


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J45876 1. Entity Name FASTWAY MARKETS, INC.			FILED 06 OCT 16 AM 7:24
Principal Place of Business 25511 NYS ROUTE 12 WATERTOWN, NY 13601 US		Mailing Address 25516 NYS ROUTE 12 WATERTOWN, NY 13601 US	
2. Principal Place of Business <i>25516 NYS RT 12</i> Suite, Apt. #, etc. WATERTOWN City & State NY		3. Mailing Address Suite, Apt. #, etc. City & State Zip 13601 Country JEFF	
4. FEI Number 59-2747694		Applied For No: Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDIMAN, MICHAEL C. 11838 APOPKA-VINELAND ROAD ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ <small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP ENNIS, MARLENE R <input type="checkbox"/> Delete 25516 NYS ROUTE 12 WATERTOWN, NY	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400080877324 10/16/06--01045--010 **150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST <input type="checkbox"/> Delete ENNIS, REXFORD M 43613 SCHOOLHOUSE RD. CLAYTON, NY 13601	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete SARTI, LAUREN E 2021 BERNARD BLVD EDWELL, NY 13760	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rexford M. Ennis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 315-686-4723 <small>Daytime Phone #</small>	