



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

REINSTATEMENT

FILED

01 DEC 11 PM 3:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **825109**

1. Corporation Name

JOSEPH FOODSERVICE, INC.

Principal Place of Business

Mailing Address

107 AVENUE B
 PO BOX 1187
 VALDOSTA GA 31601

PO BOX 51890
 KNOXVILLE TN 37950-1890
 US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/25/1970

Suite, Apt. #, etc.

IT COMPANY - RUSSELL MILLER
 Suite, Apt. #, etc.

5. FEI Number

58-0825040

Applied For

City & State

P.O. Box 51890
 City & State
 Knoxville, TN 37950-1890

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a 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	4 City / State / Zip
P	DAIL, TOMMY	4741 SINGLETON STATION RD	LOUISVILLE TN 37777
CFO	AKERS, MIKE	4741 SINGLETON STREET ROAD	LOUISVILLE TN 37717
			700004741467--0 -12/27/01--01047--024 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
 417 E. VIRGINIA ST.
 SUITE 1
 TALLAHASSEE, FL. FL 32301

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. 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

SIGNATURE REQUIRED
[Signature] Date **12/10/01**
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

10-22-01

865-910-54

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #