

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

96 NOV -7 AM 9: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000059334**

1. Corporation Name

TRI-COUNTY SNACKS, INC.

Principal Place of Business

Mailing Address

8195 N.W. 8TH MANOR
PLANTATION FL 33324

8195 N.W. 8TH MANOR
PLANTATION FL 33324



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/31/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0529484	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
DPST	SOBEL, RITA	8195 N.W. 8TH MANOR	PLANTATION FL 33324

700002003667--2
-11/13/96-01182-002
\$375.00 \$375.00

REINSTATEMENT 1996
A. Alan
11-7-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOBEL, RITA 8195 N.W. 8TH MANOR PLANTATION FL 33324		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

Rita Sobel
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/4/96

11 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.)

12. 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: *Rita Sobel* **SIGNATURE REQUIRED** SOBEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11/4/96 Daytime Phone # 954-472-0015

C-123040 (7/95)