

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



**FILED**

99 NOV -5 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000085901

1. Corporation Name

FRIENDLY FOOD # 2, INC.

Principal Place of Business

Mailing Address

410 ATLANTIC AVE

NEPTUNE BEACH, FL-32266

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

10/07/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0866974

Applied For

Not Applicable

City & State

City & State

JACKSONVILLE FL.

Zip

Country

Zip

Country

32277

USA

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee is added 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ZUBAIR, MOHAMMAD, H	8060 NW 96th TERR. Apt # 207	TAMARAC FL-33321 000003046350--9 -11/16/99--01096--008 ****750.00 ****750.00

**REINSTATEMENT 99** : 1 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name JUDITH D. CALIFANO  
Street Address (P.O. Box Number is Not Acceptable) 8030 DEGAS COURT  
Suite, Apt. #, Etc.  
City JACKSONVILLE State FL Zip Code 32277

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

Judith D. Califano

REGISTERED AGENT MUST SIGN

Date

10/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 807 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Katherine Harris*

10/29/99

Date

(954) 721-4858

Daytime Phone #

CRE001 (12/96)