

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000037922

1. Corporation Name

1966 FOODS INC.

Principal Place of Business

Mailing Address

9340 NORTH 56TH STREET #220  
TAMPA FL 33617

9340 NORTH 56TH STREET #220  
TAMPA FL 33617

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

Suite, Apt. #, etc.

2602 W. Kennedy Blvd.

Suite, Apt. #, etc.

2602 W. Kennedy Blvd.

City & State

Tampa FL

City & State

Tampa FL

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

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

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	KHAWAJA, NASER	9340 NORTH 56TH STREET #220	TAMPA FL 33617
			3000002814453- - 0 -03/22/99--01149--017 ***750.00 ***750.00
			3000002814453- - 0 -03/22/99--01149--018 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KHAWAJA, NASER

9340 NORTH 56TH STREET #220

TAMPA FL 33617

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]*

REGISTERED AGENT MUST SIGN

Date: 2/17/99

11. This corporation owes or has paid 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Naser Khawaja

2/17/99

(813) 334-7902

99 MAR 11 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-99

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1997

5. FEI Number

59-3443662

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)