PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 12:06

DOCUMENT # **F95000001088**

1. Corporation Name

THE PANTRY, INC.

Principal Place of Business	Mailing Address
1801 PANTRY, INC. SANFORD NC 27330	PO BOX 1410 SANFORD NC 27330

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/07/1995

5. FEI Number: 56-1574463 ☐ Applied For ☐ Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	SODINI, PETER J	~~11100 SANTA MONICA BLVD, SUITE 1~~ 1801 DOUGLAS DRIVE	~~LOS ANGELES CA 90025~~ SANFORD NC 27330
SVPO	SWEENEY, DOUGLAS M	~~11100 SANTA MONICA BLVD, SUITE 1~~ 1801 DOUGLAS DRIVE	~~LOS ANGELES CA 90025~~ SANFORD NC 27330
SVFS	FLYG, WILLIAM T	~~11100 SANTA MONICA BLVD, SUITE 1~~ 1801 DOUGLAS DRIVE	~~LOS ANGELES CA 90025~~ SANFORD NC 27330
VPM	MCCORMACK, DANIEL J	~~11100 SANTA MONICA BLVD, SUITE 1~~ 1801 DOUGLAS DRIVE	~~LOS ANGELES CA 90025~~ SANFORD NC 27330
AS	DUNCAN, JOSEPH J	~~11100 SANTA MONICA BLVD, SUITE 1~~ 1801 DOUGLAS DRIVE	~~LOS ANGELES CA 90025~~ SANFORD NC 27330
SVAG	CROOK, DENNIS R	1801 DOUGLAS DR	SANFORD NC 27330

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10/19/00

800003455558--3
-11/07/00--01091--019
****750.00 ****750.00

CR2E040 (8/00)

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: Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date: 10-19-00

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: William T Flyg SIGNATURE/William T Flyg 10/16/00 919 774 6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Senior Vice President, The Pantry, Inc. X5202