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CSC TALL

P. 002

AUG-22-2001 12:30PM

FROM JUDD SHEA ULRICH ORAVEC WOOD & DEAN, PA +941 953 2485

T-639 P.002

F-629

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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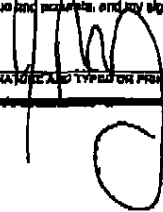
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M73696 1. Corporation Name SEQUOIA FOOD SYSTEMS, INC.			
2. Principal Office Address 6709 Raymond Road Suite, Apt. #, etc.		3. Mailing Office Address 6709 Raymond Road Suite, Apt. #, etc.	
City & State Madison, WI		City & State Madison, WI	
Zip 53719	Country USA	Zip 53719	Country USA

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 AUG 22 PM 2:08

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida 03/24/1988			
5. FEI Number 65-0050685		Adopted For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐			
7. Name and Address of Current Registered Agent Name John J. Shea, Esquire:- Judd, Shea, Ulrich, Oravec, Wood & Dean, P.A. Street Address (P.O. Box Number is Not Acceptable) 2940 S. Tardam Trail Suite, Apt. #, etc. City Sarasota,			
State FL		Zip Code 34239	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.			
Signature of Registered Agent 		Date 08-22-2001	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least a director)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Jeffrey S. Rosenberg	6709 Raymond Road	Madison, WI 53719
DVP	Gilbert S. Rosenberg	6709 Raymond Road	Madison, WI 53719
T	Jeffrey S. Rosenberg	6709 Raymond Road	Madison, WI 53719
10. 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 this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(2)(b), 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: 		Jeffrey S. Rosenberg	08-22-2001 608-271-4445

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LOCATION: +9419532485

RX TIME 08/22 '01 12:29

JW

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-1000

Fax Number : (850)521-1030

CORPORATION REINSTATEMENT**SEQUOIA FOOD SYSTEMS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00