PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

H010000923861

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 22 PM 2:08

REINSTATEMENT 99-01

DOCUMENT # M73696

1. Corporation Name
SEQUOIA FOOD SYSTEMS, INC.

2. Principal Office Address	3. Mailing Office Address
6709 Raymond Road	6709 Raymond Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madison, WI	City & State: Madison, WI
Zip: 53719 Country: USA	Zip: 53719 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/24/1988

5. FEI Number: 65-0050685 (Applied 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. Tamiami 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ (REGISTERED AGENT MUST SIGN) Date: 08-22-2001

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

Titles	Name of Officers and/or Directors	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 Raod	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 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: _____ Jeffrey S. Rosenberg 08-22-2001 608-271-4445
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

JSR 8/22

H010000923861

JW

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000092386 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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