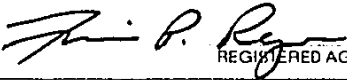


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **575**

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 DEC -6 PM 4: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 240750 1 Corporation Name HI-GRADE FOOD SPECIALTIES OF FLORIDA, INC.					
Principal Place of Business 240 N.E. 71ST ST. MIAMI FL 33138-5528			Mailing Address 240 N.E. 71ST ST. MIAMI FL 33138-5528		
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 Address, If Applicable 825 GREEN BAY ROAD Suite, Apt. #, etc. SUITE 200 City & State WILMETTE IL Zip 60091 Country		4 Date Incorporated or Qualified To Do Business in Florida 09/30/1960 5 FEI Number 59-0946051 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES.	SCOTT BROWNFIELD	825 GREEN BAY ROAD	WILMETTE IL 60091		
V.P.	DAN O'CONNELL	825 GREEN BAY ROAD	WILMETTE IL 60091		
DIR	PATRICK LANGLAN	825 GREEN BAY ROAD	WILMETTE IL 60091		
				300002024773--7 -12/10/96--01101--004 ***1725.00 ***575.00	
8. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324			9. Name and Address of New Registered Agent Name C.T. CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City		
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  Date 11-7-96 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)					
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  PATRICK LANGLAN Secretary 11/1/96 (847) 256 8289 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E40 (12/95)