

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

DOCUMENT # 269116

1. Corporation Name

R & M FOODLINER, INC.

00 OCT 18 PM 3:29

Principal Place of Business

234 E CENTRAL AVE
BLOUNTSTOWN FL 32424

Mailing Address

717 WEST CENTRAL AVE.
BLOUNTSTOWN FL 32424

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

717 West Central Ave
Blountstown, FL
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32424 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1963

5. FEI Number

59-1010233

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
PD	RAMSEY, JAMES RICHARD	513 W HENTZ AVE 16013 Main Street South	BLOUNTSTOWN FL
TSD	DEVUYST, REBECCA R DeVuyt, Rebecca R	717 W CENTRAL AVE 513 W. Hentz Ave	BLOUNTSTOWN FL
			200003441822--6 -10/27/00--01023--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

RAMSEY, JAMES RICHARD
513 W HENTZ AVE 16013 Main Street South
BLOUNTSTOWN FL 32424

9. Name and Address of New Registered Agent

Name Ramsey, James Richard
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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-16-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00 850-674
5044