

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 14 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 272081

1. Corporation Name

LOPEZ FEED CO., INC.

**REINSTATEMENT** 96-03

2. Principal Office Address

108 Biscayne Avenue

3. Mailing Office Address

108 Biscayne Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07-23-1963

5. FEI Number

59-1195987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Joseph K. Lopez, Sr.

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

501 East Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 1700

City

Tampa

State

FL

Zip Code

33602

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

6/9/03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| P      | LOPEZ, MANUEL D., SR.                | 108 BISCAYNE AVENUE                               | TAMPA, FL 33606    |
| VP     | LOPEZ, MANUEL, A.                    | 2223 NEWBERGER ROAD                               | LUTZ, FL 33549     |
| S      | LOPEZ, JOSEPH K., SR.                | 501 E. KENNEDY BLVD., #1700                       | TAMPA, FL 33602    |
| T      | DENNIS A. LOPEZ                      | 201 N. PIERCE STREET                              | TAMPA, FL 33602    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/03

Daytime Phone #

CR2081 (10/02)

91 7/14