

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 294491

1. Corporation Name

GARDEN GOLD FOODS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10

P.O. BOX 10

DADE CITY FL 33520

DADE CITY FL 33520

US

US

6177 IVY HILL LANE
BROOKSVILLE, FL. 34602

6177 IVY HILL LANE
BROOKSVILLE, FL. 34602

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 Office Address, If Applicable

GARDEN GOLD FOODS, INC.
6177 IVY HILL LANE
BROOKSVILLE, FL. 34602
U.S.

GARDEN GOLD FOODS, INC.
6177 IVY HILL LANE
BROOKSVILLE, FL. 34602
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1965

5. FEI Number

59-1583137

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DINGFELDER, SIMON L.	31830 TRILBY RD 6177 IVY HILL LANE	DADE CITY FL 33520 BROOKSVILLE, FL. 34602
TD	DINGFELDER, SIMON L.	31830 TRILBY RD 6177 IVY HILL LANE	DADE CITY FL 33520 BROOKSVILLE, FL. 34602
SD	DINGFELDER, SIMON L.	31830 TRILBY RD 6177 IVY HILL LANE	DADE CITY FL 33520 BROOKSVILLE, FL. 34602

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DINGFELDER, SIMON L.~~
~~31830 TRILBY RD.~~
~~DADE CITY FL 33520~~

SIMON L. DINGFELDER
6177 IVY HILL LANE
BROOKSVILLE, FL. 34602

Name

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

Suite, Apt. #, Etc.

City

800003034198--8

11/03/99--01074--007

***750.00 ***750.00

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

Simon L. Dingfelder
REGISTERED AGENT MUST SIGN

Date 10/25/99

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 #

10/25/99

0025140 (8/99)