

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **322575**

1. Corporation Name

FOOD SERVICE OF TALLAHASSEE, INC.

Principal Place of Business

107 E THARPE ST
1701 N MONROE ST
TALLAHASSEE FL 32303
US

Mailing Address

FOOD SERVICE OF TALLAHASSEE INC
PO BOX 4089
TALLAHASSEE FL 32315-4089
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 3:49



REINSTATEMENT

10/25/1967

5. FEI Number

59-1200265

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	HILL, J. HARVEY Retired	107 E THARPE ST	TALLAHASSEE FL
PD	HILL, JAMES H. JR.	107 E THARPE ST	TALLAHASSEE FL
VPD	HILL, KAREN R	107 E THARPE ST	TALLAHASSEE FL
T/S	Richard F. Smith	107 E. Tharpe St.	Tallahassee, FL

500003454985--2
-11/07/00--01062--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES H. HILL, JR.
107 E. THARPE ST.
TALLAHASSEE FL 32305

Name

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

10/19/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

(850)
224-7080

Contact
Susan Brown