

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 381487

1. Corporation Name

FLAVORS FROM FLORIDA, INC.

97 DEC 26 11 01 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

203 BARTON MUNICIPAL AIRPORT
BARTON, FLORIDA 33830-0203

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/71

5. FEI Number

59-1346578

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ROBERT K. PRENDES	31302 FAIRWIN DRIVE	BAY VILLAGE, OHIO 44140
VP	NANCY L. JAGER	10309 WHITE ASH TRAIL	TWINSBURG, OHIO 44087
VP	MIKE BENEWIAT	2875 CHATSWORTH DRIVE	LAKELAND, FL. 33813
VP	LEROY PARKER	2910 LAKE COURT	LAKELAND, FL 33813
VP	RICHARD LAMSEY	5010 RIVERLAKE ROAD	WINTER HAVEN, FL 33884
D	ROBERT H. COLETTI	310 HAMILTON SHORE DR.	WINTER HAVEN, FL 33881

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MIKE BENEWIAT

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

2875 CHATSWORTH DRIVE

Suite, Apt. #, Etc.

800002386448-3

City

LAKELAND

12/30/97 State 01091-004

***923 FL ***813, 75

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

Michael A. Benewiat

REGISTERED AGENT MUST SIGN

Date 12/18/97

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 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

NANCY L. JAGER

12/17/97
Date

440-546-1199
Daytime Phone #

CR2040 (2-95)