

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # 458497

1. Corporation Name

BRANDYWINE DELICATESSEN, INC.

00 NOV -8 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

505 PARK AVE.. N.
WINTER PARK FLORIDA 32789

Mailing Address

505 PARK AVE.. N.
WINTER PARK FLORIDA 32789

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1974

5. FEI Number

59-1571832

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	FRANKENBERGER, JACK	659 SARANAC DR	WINTER SPRINGS FL
D	FRANKENBERTGER, JOAN A	659 SARANAC DR	WINTER SPRINGS FL
S/T	NIDDE, NANCY L	1109 COVINGTON ST	OVEIDO FL 32765

REINSTATEMENT 2000

[Handwritten signature]

8. Name and Address of Current Registered Agent

WRIGHT, DONALD F.
1131 SOUTH ORANGE AVENUE
ORLANDO FLORIDA 32802

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
3000003488603-3	
Suite, Apt. #, Etc.	
-12/06/00-01009-020	
****750.00 ****750.00	
City	State Zip Code
	FL

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

[Handwritten signature of Donald F. Wright]
REGISTERED AGENT MUST SIGN Donald F. Wright

Date 11/6/00

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:

[Handwritten signature of Jack Frankenger]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jack Frankenger 10/20/00 (407) 847-0055
Date Daytime Phone #