

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
a.B. Wynnham
Secretary of State
DIVISION OF CORPORATIONS

95-97 AR

FILED

97 NOV -5 PM 12:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 477637

1. Corporation Name

SOUTHERN FOOD SERVICE, INC.

Principal Place of Business

Mailing Address

210 CYPRESS GARDENS BLVD. SW
WINTER HAVEN, FL 33880

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

4. Date Incorporated or Qualified
To Do Business in Florida

1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1649046

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D/S/T	AUREL F. ABRANYI	2037 San Marcos Dr. # 223	Winter Haven, FL 33880

300002341853--3
-11/07/97--01094--001
*****8.75 *****8.75
300002341853--3
-11/07/97--01094--002
*****585.00 *****585.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AUREL F. ABRANYI

2037 SAN MARCOS DR. # 223 SE
WINTER HAVEN, FL 33880

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

REGISTERED AGENT MUST SIGN

Date 10-30-97

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:

AUREL F. ABRANYI

Oct. 30th, 1997 941 2955900

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (12/96)

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Southern Food Service Inc.

October 31, 1997

Dear Sir:

I would like to request reinstatement as a Florida Corporation. When I changed my residence, I was sent a change of address form. I had filled out this form and sent it to the Department of State. However, since that time, I have never received the form for the annual report. I just recently realized that the corporation was dissolved.

I am enclosing a check for \$565.00, the amount I was instructed to send by the Department when I spoke to them by phone recently.

If you should need to contact me, you can reach me by calling my office at 941/295-5900.

Sincerely,

Aurel Abranyi

210 Cypress Gardens Blvd., W.
Winter Haven, Florida
33880

phone 941/295-5900
fax 941/291-5660