

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 MAY 13 PM 4:39

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT
2011 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 482852

1. Corporation Name

WELKER MOM'S CRACKER BOX, INC.

2. Principal Office Address - No P.O. Box #

16910 MC GREGOR BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS

City & State

FLA.

Zip

33908

Country

LEE

Zip

Country

000207668040
05/13/11--01032--008 ***150.00
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8-14-1975

5. FEI Number

591635115

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WELKER JAMES M

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

2681 SANIBEL BLVD.

Suite, Apt. #, Etc.

SANIBEL-

City

SANIBEL

State

FL

Zip Code

33957

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James M. Welker
REGISTERED AGENT MUST SIGN

Date 5-1-2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	WELKER James M.	2681 Sanibel Blvd	Sanibel FL 33957
STO	WELKER Judith A.	2681 Sanibel Blvd	SANIBEL, FL 33957

10. 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 contained in Chapter 119, 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:

James M. Welker James M. Welker 5-1-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/11