

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

646774

1. Corporation Name

Aaron's Country Store, Inc.

2. Principal Office Address

1011 S. Orlando Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1011 S. Orlando Ave

Suite, Apt. #, etc.

City & State

Maitland

City & State

Maitland

Zip

32751

Country

USA

Zip

32751

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/79

5. FEI Number

59-1981677

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Anne Leavitt

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

1011 S. Orlando Avenue

Suite, Apt. #, Etc.

City

Maitland

State
FL

Zip Code
32751

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

REGISTERED AGENT MUST SIGN

Date

10/28/02

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
P	Aaron M. Leavitt	1011 S. Orlando Avenue	Maitland, FL 32751
ST	Anne B. Leavitt	1011 S. Orlando Avenue	Maitland, FL 32751

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 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

Date

Daytime Phone #

CR2E031 (8/01)

g u l e r 102

C. Kevin Gilliam, C.P.A., P.A.
301 N. Ferncreek Avenue, Suite A
Orlando, Florida 32803
407/894-4484 * Fax 407/894-6965

October 25, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Aaron's Country Store, Inc. 59-1981677
Bravissimo Italian Café, Inc. 59-3552731
RWD Food Service, Inc. 59-3742811

Dear Sir or Madam:

I represent the clients referenced above (power of attorney enclosed). Each of these corporations were dissolved in error due to non filing of the corporate annual report. None of the clients received the first or second notice for the annual report and one did not receive the dissolution package but was alerted by a vendor via the internet.

I have enclosed an application for reinstatement for each client along with the \$150.00 annual registration fee. Please process these applications as soon as possible. We request that the penalty for failure to file be waived.

Thank you in advance for your assistance. Please contact me if you have any questions.

Sincerely,



C. Kevin Gilliam, CPA

CKG:ntc

Enclosures