

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 DEC 13 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W05-51092

DOCUMENT # 727361

1. Corporation Name

Southeastern Master Retail Bakers Association, Inc.

W05-51092

900062329479
12/21/05--01037--011 **70.00

2. Principal Office Address

161 Ridgmont Dr

Suite, Apt. #, etc.

City & State

Columbia, SC

Zip

29212

Country

Lexington

3. Mailing Office Address

One Harrison Way

Suite, Apt. #, etc.

222

City & State

Columbia, SC

Zip

29212

Country

Lexington

REINSTATEMENT 72-05

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/1972

5. FEI Number

58-1231117

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

Gary W Polletta

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

4737 Glenwood Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

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

Gary W Polletta

Date

11-7-05

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--|
| Treas | Robert S. Smith | 161 Ridgmont Drive | Columbia, SC 29212 |
| Pres | Sylvia Hinson | 2541 Korshaw Condo Hwy | Lexington, SC 29220 |
| VP | Alan Cooke | 1307 Second Loop Rd | Monroe, SC 29505 |
| | | | 700061435917 11/15/05--01029--012 **2073.75 |
| | | | 700061435917 11/15/05--01028--013 **61.25 |

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:

Robert S. Smith

Robert S. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/2005

Daytime Phone #

843-407-5388

K. Eckel DEC 14 2005

CR2E001 (01/05)