PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 FEB -4 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766620

1. Corporation Name
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2126 ALICIA ST. FT. MYERS, FL. 33901	

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/21/1983

5. FEI Number: 59-2332120 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	GRANT E. TIGWELL	46 4TH. ST.	BONITA SHORES, FL. 33923
P/V/D	TYLER HILL	6342 MARK LANE	FT. MYERS, FL. 33912
V/D	HAWLEY BOTCHFORD	6789 CARMELLE DR.	FT. MYERS, FL. 33919
T/D	GARY CRAMER	3986 ASCOT	FT. MYERS, FL. 33919
S/D	KEN WOLFE	8366 CHANTEL CLUB CIR #2101	FT. MYERS, FL. 33919

REINSTATEMENT 95-98

8. Name and Address of Current Registered Agent

BOTCHFORD, A.K HAWLEY
6789 CARMELLE DR.
FT. MYERS, FL. 33919

Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

000002424250--4
-02/06/98--01127--007
*****420.75 *****420.75

CR2E040 (1/98)

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: A.K. Hawley Botchford — REGISTERED AGENT MUST SIGN — Date: 2/2/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Grant E. Tigwell — GRANT E. TIGWELL — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2-2-98 Date — 941 262 2577 Daytime Phone #