

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 AM 11:48

DOCUMENT # 805365

1. Corporation Name

HARRY M. STEVENS INC.

Principal Place of Business

Mailing Address

1101 MARKET ST
PHILADELPHIA PA 19107
US

P O BOX 13477
PHILADELPHIA PA 19101
US



REINSTATEMENT

02

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

05/05/1941

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-5589765

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GILLESPIE, CHARLES	1101 MARKET ST	PHILADELPHIA PA
V	O'HARA, MICHAEL	1101 MARKET ST	PHILADELPHIA PA
DT	AUSTELL, BARBARA	1101 MARKET ST	PHILADELPHIA PA 19107
S	BOIDNAR, PRISCILLA	1101 MARKET ST	PHILADELPHIA PA

12/14

600003510726--1
-12/21/00--01074--009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT COPORATION SYSTEMS
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 acknowledge the provisions of Section 607.0505, F.S.

Signature of
Registered Agent

ANN J. WILLIAMS

ANN J. WILLIAMS
Assistant Vice President

Date 12/8/00

REGISTERED AGENT MUST SIGN

11. 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.

ANN J. WILLIAMS

Assistant Vice President

SIGNATURE:

MICHAEL J. O'HARA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. O'HARA, VICE PRESIDENT

11/01/2000

Date

215-238-3162

Daytime Phone #

CR2E040 (800)