

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 25 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 822206

1. Corporation Name

Bestfoods Inc.  
700 Sylvan Ave  
Englewood Cliffs NJ 07632

2. Principal Office Address

700 Sylvan Ave

Suite, Apt. #, etc.

Englewood Cliffs

City & State

New Jersey

Zip

07632

Country

USA

3. Mailing Office Address

700 Sylvan Ave

Suite, Apt. #, etc.

Englewood Cliffs NJ

City & State

Englewood Cliffs NJ

Zip

07632

Country

USA

100008583641

10/25/02--01013--001 \*\*750.00

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

362385545

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

By: *Philip G. Cohen*  
CT Corporation System

REGISTERED AGENT MUST SIGN

Date 10-9-02

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	Neil Bekerman	800 Sylvan Ave	Englewood Cliffs NJ 07632
D	Robert S. Gluck	800 Sylvan Ave	Englewood Cliffs NJ 07632
T	Paul McMahon	800 Sylvan Ave	Englewood Cliffs NJ 07632
V	Philip G. Cohen	700 Sylvan Ave	Englewood Cliffs NJ 07632
S	Arnold Siefert	390 Park Ave	NY, NY 10022
V	Fiona Laird	800 Sylvan Ave	Englewood Cliffs NJ 07632

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:

*Philip G. Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/02  
Date

201-894-2489  
Daytime Phone #

CR2E081 (9/01)