

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 30 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853748

1. Corporation Name

MRS. STRATTON'S SALADS, INC.

2. Principal Office Address - No P.O. Box #
380 INDUSTRIAL LANE

3. Mailing Office Address
P.O. BOX 190187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BIRMINGHAM, AL

City & State
BIRMINGHAM, AL

Zip Country
35211 JEFFERSON

Zip Country
35219 USA

4. Date Incorporated or Qualified
To Do Business In Florida 08/11/1982

5. FEI Number
63-0639589

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State Zip Code
FL 33324

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent Terence Hardley Asst. Secretary

Date 3/24/2009

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
PRES	GEORGE BRADFORD	380 INDUSTRIAL LANE	BIRMINGHAM / AL / 35211
VP	JOHN GROSS	380 INDUSTRIAL LANE	BIRMINGHAM / AL / 35211
TREAS	JOHN BRADFORD	380 INDUSTRIAL LANE	BIRMINGHAM / AL / 35211

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03/30/09--01045--023 **750.00

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 contained in Chapter 118, 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 #