

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 23 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 855046

1. Corporation Name

Golden Grain Company

W04-19831

2. Principal Office Address

321 N. Clark Street

Suite, Apt. #, etc.

Suite 25-3

City & State

Chicago, IL

Zip

60604-9001

Country

3. Mailing Office Address

c/o PepsiCo, Inc.

Suite, Apt. #, etc.

Tax Dept. 1/3-138

City & State

Purchase, NY

Zip

10577

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

940517860

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 S. 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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

6/16/04

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
President	Charles Maniscalco	Mail Code 16-04 555 W. Monroe St.	Chicago, IL 60610
Sec.	Brian M. Nurse	700 Anderson Hill Road	Purchase, NY 10577
Tres.	Renee Garbus	700 Anderson Hill Road	Purchase, NY 10577
VP	Thomas D. Salcito	700 Anderson Hill Road	Purchase, NY 10577

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/04

Daytime Phone #

(914) 2532868