

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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05 OCT -3 PM 4:33

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000000931					
1. Corporation Name Old London Foods, Inc.					
2. Principal Office Address One Westbrook Corp. Ctr.			3. Mailing Office Address One Westbrook Corp. Ctr.		
Suite, Apt. #, etc. Suite 430			Suite, Apt. #, etc. Suite 430		
City & State Westchester, IL			City & State Westchester, IL		
Zip 60153	Country USA	Zip 60153	Country USA	4. Date incorporated or qualified To do business in Florida 2/17/2000	
				5. FEI Number 13-3954951	Applicable For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED ☐ 3075. Additional Fee to be paid for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee					
State FL					
Zip Code 32301					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.					
Signature of Registered Agent		<i>Deborah D. Skipper</i> Deborah D. Skipper Asst. V. Pres.		Date 10/3/05	
REGISTERED AGENT MUST SIGN					
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director		City / State / Zip	
CEO/P	Timothy M. Harris	1 Westbrook Corp. Ctr. Ste 430		Westchester, IL 60153	
CFO	William Kenealy	1 Westbrook Corp. Ctr. Ste 430		Westchester, IL 60153	
VP	Peter Hetrick	1 Westbrook Corp. Ctr. Ste 430		Westchester, IL 60153	
VP	Steve Wilcy	1 Westbrook Corp. Ctr. Ste 430		Westchester, IL 60153	
10. I certify that I am an officer or director of the named or other entity in regard to this application as required by 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)(f), 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:		<i>William T. Kenealy</i> William T. Kenealy		Date 9-30-05 708-731-2435	
		SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR		Daytime Phone #	

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

OLD LONDON FOODS, INC.

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