

FD-1145-01-8889

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 30 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F 0000000 4056**  
1. Corporation Name  
**MEDLEY RESTAURANT EQUIPMENT AND SUPPLY CO. INC.**

2. Principal Office Address  
**424 ROOSEVELT AVENUE**  
Suite, Apt. #, etc.  
City & State  
**ALBANY, GA**  
Zip Country  
**31702 USA**

3. Mailing Office Address  
**P.O. BOX 328**  
Suite, Apt. #, etc.  
City & State  
**ALBANY, GA**  
Zip Country  
**31702 USA**

**REINSTATEMENT 01-04**

4. Date Incorporated or Qualified To Do Business in Florida  
**2/1/1998**  
5. FEI Number  
**58-2350993**  
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**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. PINE ISLAND RD**  
Suite, Apt. #, Etc.  
City  
**PLANTATION**  
State Zip Code  
**FL 33324**  
**200035733992**  
**05/07/04--01018--019 \*\*750.00**  
**200035733992**  
**07/30/04--01071--008 \*\*450.00**

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**  
Date  
**7/26/04**  
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
P	DAVID CAMPBELL	424 ROOSEVELT AVENUE	ALBANY, GA 31702
P	REED JACKSON	424 ROOSEVELT AVENUE	ALBANY, GA 31702

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)(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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
**5/4/04**  
Daytime Phone #  
**229-432-5116**

CR2ED01 (01/04)