Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

CORPORATION REINSTATEMENT

HOPCO FOODSERVICE MARKETING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

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FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176384
FROM	Kimberly Laughrey
DATE	2017-04-12 07:06:57 CST
RE	HOPCO FOODSERVICE MARKETING, INC.

COVER MESSAGE

Robert Sholl
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com

Wolters Kluwer

1209 Orange Street Wilmington, DE 19801,
www.wolterskluwer.com

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 APR 12 AM 4:34

APR 12 2017
L BERGER

CR2E081 (11/16)

DOCUMENT # F15000004577

1. Corporation Name
HOPCO FOODSERVICE MARKETING, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5201 West Laurel Street		5201 West Laurel Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tampa FL		Tampa, FL	
Zip	Country	Zip	Country
33607	USA	33607	USA

4. Date Incorporated or Qualified To Do Business in Florida
10/15/2015

5. FEI Number — 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
National Registered Agents, Inc.
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: Barbara Parker Date: 4/11/2017
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	John Goodman	5201 West Laurel Street	Tampa FL 33607
Sec	John Goodman	5201 West Laurel Street	Tampa FL 33607
Tres	John Goodman	5201 West Laurel Street	Tampa FL 33607
Direct.	John Goodman	5201 West Laurel Street	Tampa FL 33607
	REINSTATEMENT 2016-2017		

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: John Goodman 4/11/2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #