

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

98 NOV 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F19330**

1. Corporation Name

RIFE'S MARKET, INC.

Principal Place of Business

Mailing Address

2401 13TH STREET
ST CLOUD FL 34769

2401 13TH STREET
ST CLOUD FL 34769

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/01/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2065479

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	RIFE, JOHNNIE E	251 N.E. LAKESHORE DR.	KISSIMMEE FL
D	RIFE, JOHNNIE E	251 N.E. LAKESHORE DR.	KISSIMMEE FL
V	RIFE, KENNETH E.	1501 DAKOTA AVENUE	ST. CLOUD FL
V	BOGUS, PATRICIA S(AST V)	1859 KING EDWARDS DRIVE	KISSIMMEE FL
V	SWITZER, SHARON (AST V)	1501 DAKOTA AVENUE	ST. CLOUD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANLEY, RICHARD D
3501 13TH ST.
ST. CLOUD FL 34769

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500002700005--3

-12/02/98--01034--013

***750.00 State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98
Date

407-892-5047
Daytime Phone #

CR20040 (9/98)