

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 12 AM 8:00

DOCUMENT # F19330

1. Corporation Name

RIFE'S MARKET, INC.

2. Principal Office Address

2401 13TH STREET

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

Zip

34769

Country

US

3. Mailing Office Address

2401 13TH STREET

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

Zip

34769

Country

US

**REINSTATEMENT** 03-04  
MRB

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/1981

5. FEI Number

59-2065479

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

JOHNNIE E. RIFE

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

2401 13TH STREET

Suite, Apt. #, Etc.

City

ST. CLOUD

State

FL

Zip Code

34769

400036931954  
07/13/04--01059--018 \*\*150.00

400036931954  
05/19/04--01054--003 \*\*750.00

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

*Johnnie E. Rife*  
REGISTERED AGENT MUST SIGN

Date

05-14-04

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
P	JOHNNIE E. RIFE	251 N.E. LAKESHORE DR.	KISSIMMEE, FL
D	JOHNNIE E. RIFE	251 N.E. LAKESHORE DR.	KISSIMMEE, FL
V	KENNETH E. RIFE	1501 DAKOTA AVE.	ST. CLOUD, FL
V	PATRICIA S. BOGUS (AST V.)	1859 KING EDWARDS DR.	KISSIMMEE, FL
V	SHARON SWITZER (AST V.)	1501 DAKOTA AVE.	ST. CLOUD, FL

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

*Kenneth E. Rife*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-14-04

Daytime Phone #

407-8922174

CR2E081 (01/04)