

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:06

DOCUMENT # F95000001088

1. Corporation Name

THE PANTRY, INC.

Principal Place of Business

Mailing Address

1801 PANTRY, INC.
SANFORD NC 27330

PO BOX 1410
SANFORD NC 27330



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-1574463

Applied For

Not Applicable

City & State

City & State

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	4 City / State / Zip
PCEO	SODINI, PETER J	11100 SANTA MONICA BLVD, SUITE 1 1801 DOUGLAS DRIVE	LOS ANGELES CA 90025 SANFORD NC 27330
SVPO	SWEENEY, DOUGLAS M	11100 SANTA MONICA BLVD, SUITE 1 1801 DOUGLAS DRIVE	LOS ANGELES CA 90025 SANFORD NC 27330
SVFS	FLYG, WILLIAM T	11100 SANTA MONICA BLVD, SUITE 1 1801 DOUGLAS DRIVE	LOS ANGELES CA 90025 SANFORD NC 27330
VPM	MCCORMACK, DANIEL J	11100 SANTA MONICA BLVD, SUITE 1 1801 DOUGLAS DRIVE	LOS ANGELES CA 90025 SANFORD NC 27330
AS	DUNCAN, JOSEPH J	11100 SANTA MONICA BLVD, SUITE 1 1801 DOUGLAS DRIVE	LOS ANGELES CA 90025 SANFORD NC 27330
SVAG	CROOK, DENNIS R	1801 DOUGLAS DR	SANFORD NC 27330

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: [Signature] 10/16/00
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc. 800003455558-3
City: ****750.00 State: ****750.00 Zip Code: FL

CR2E040 (8/00)

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: Barbara A. Burke SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 10-19-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: William T. Fyfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Senior Vice President, The Pantry, Inc.

10/16/00 Date
919 774 6700 Daytime Phone #
X5202