

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 14 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F96000000250**

1. Corporation Name

**SOUTHERN SPECIALTY BRANDS, INC.**

Principal Place of Business

Mailing Address

ONE FIRST AMERICAN CENTER, SUITE 1200  
3100 WEST END AVE.  
NASHVILLE TN 37203

ONE FIRST AMERICAN CENTER, SUITE 1200  
3100 WEST END AVE.  
NASHVILLE TN 37203



**REINSTATEMENT 98**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/16/1996	
City & State		City & State		5. FEI Number	
Zip		Country		62-1625343	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C	DAHL, DENNIS	3100 W END AVE	NASHVILLE TN 37203
DST	BOONE, HAROLD	3100 W END AVE	NASHVILLE TN 37203

7000002716907--0  
-12/21/98--01003--003  
\*\*\*\*750.00 \*\*\*\*750.00

DP 12/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name Jack Donald c/o Dixie Lily Foods  
Street Address (P.O. Box Number is Not Acceptable)  
12 N.W. 5th Place  
Suite, Apt. #, Etc.

City Williston State FL Zip Code 32696

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 Jack Donald **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/10/98

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/10/98

Daytime Phone # 415-383-5001