

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006098**

1. Corporation Name

LYKES MEAT GROUP, INC.

Principal Place of Business

Mailing Address

200 COMMERCE ST
SMITHFIELD VA 23430
US

200 COMMERCE ST
SMITHFIELD VA 23430
US

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

2. New Principal Office Address, If Applicable
111 Commerce Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
111 Commerce St

Suite, Apt. #, etc.

City & State
Smithfield VA 23430

Zip
23430

Country
USA

City & State
Smithfield VA

Zip
23430

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1996

5. FEI Number

54-1823378

Applied For

Not Applicable

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	LITTLE, LEWIS R Timothy A. Seely	P.O. BOX 449	SMITHFIELD VA 23131
SD	COLE, MICHAEL H	200 COMMERCE ST	SMITHFIELD VA 23430
T	POPE, LARRY G Orville G. Lunking	200 COMMERCE ST	SMITHFIELD VA 23430
AS	BUTLER, LISA R	200 COMMERCE STREET 111	SMITHFIELD VA 23430
AS VP	STEVENS, DANIEL G	200 COMMERCE ST.	SMITHFIELD VA 23430
VP	KUHN, STEVE	P.O. BOX 518	PLANT CITY FL 33564

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
200124168222
10/27/03--01066--014 **750.00

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Judith B. Argao

Asst. Secretary & V. President

Date

10/21/03

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., 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

10/20/2003

Date

757.357.8161

Daytime Phone #

CR2E040 (7/03)