

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 JUN 08 AM 8:00

DOCUMENT # F98000001709

1. Corporation Name

P.S.L. FOODS, INC.

REINSTATEMENT

00-04
MRS

2. Principal Office Address

c/o D&S DEVELOPMENT CORP.

1325 London Road

Suite, Apt. #, etc.

N/A

City & State

Duluth, MN

Zip
55805

Country
US

3. Mailing Office Address

same

Suite, Apt. #, etc.

N/A

City & State

Duluth, MN

Zip
55805

Country
US

600037757436

06/08/04--01011--021 **1350.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

411658618

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

Lorna Beres

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

9202 S. Federal Hwy.

Suite, Apt. #, Etc.

N/A

City

PT ST Lucie

State
FL

Zip Code
34952

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

Lorna Beres

REGISTERED AGENT MUST SIGN

Date

6-4-04

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	Sean M. Flaherty	1325 London Road	Duluth, MN 55805
VP	W.D. Flaherty, Sr.	1325 London Road	Duluth, MN 55805

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:

Sean M. Flaherty

Sean M. Flaherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/04

Daytime Phone #

718-724-2087

CR2E081 (01/04)