

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 21 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000002398**

1. Corporation Name

CAROLINA COASTAL FOODS, INC.

Principal Place of Business

Mailing Address

4107 COLUMBIA ROAD, SUITE TB
MARTINEZ GA 30907

4107 COLUMBIA ROAD, SUITE TB
MARTINEZ GA 30907

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

05/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2389661

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROWN, WAYNE B	4107 COLUMBIA ROAD, SUITE TB	MARTINEZ GA 30907
D	WOLFE, DEBRA	4107 COLUMBIA ROAD, SUITE TB	MARTINEZ GA 30907
			3000003478669--0 -11/28/00--01087--002 ****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WOLFE, DEBRA~~
RT. 3, BOX 6255
HILLIARD FL 32046

Name

CR Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

ALLAN FARNELL
ASSISTANT SECRETARY

Date

October 25, 2000

REGISTERED AGENT MUST SIGN

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:

Wayne B. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne B. Brown 10-17-00

Date

Daytime Phone #

(706) 855-6395