

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000002425

1. Corporation Name

Ritz Foods International, Inc.

2. Principal Office Address - No P.O. Box #

2615 SW 17th Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

same

City & State

DELRAY BEACH, FL

City & State

Zip

33445

Country

US

Zip

Country

7. Name and Address of Current Registered Agent

Name

Beller Smith, P.L.

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

2101 NW CORPORATE Blvd.

Suite, Apt. #, Etc.

Suite 316

City

BOCA RATON

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date 5/27/10

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
D/ Pres.	GERALD I. Rithaler	2615 SW 17th Circle	DELRAY BEACH, FL 33445
V.P.	Barbara J. Rithaler	2615 SW 17th Circle	DELRAY BEACH, FL 33445
Secy/Treas.	JOHN Rithaler	BM Number 3690 3508 NW 114th Ave.	DORAL, FL 33178

10. E-mail Address: ysmith@bellersmith.com

(To be used for future annual report notification)

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. I further certify, 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]*

JOHN RITHALER

5/27/10

561-265  
2613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JUN -1 PM 4:01

TAMPA, FLORIDA

700181572747  
06/01/10--01066--025 \*\*1650.00

REINSTATEMENT 04-10

4. Date Incorporated or Qualified To Do Business in Florida 9/27/1995

5. FEI Number

650619326

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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