

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G09109

1. Corporation Name

REICHARDT FOODS, INC.

W-27327

Principal Place of Business

Mailing Address

1515 SW 13th Street  
Gainesville, FL 32608

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

2. New Principal Office Address, If Applicable  
NA

3. New Mailing Address, If Applicable  
NA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida  
11/22/1982

5. FEI Number  
59 2245987

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)

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
1	2	3	4
President	William Reichardt	1515 SW 13th Street	Gainesville, FL 32608
ST	Frederic C. Reichardt	1653 NW 19th Circle	Gainesville, FL 32607
			300003521693--3 -01/03/01--01035--004 ****250.00 ****250.00
			300003521693--3 -01/03/01--01035--005 ****350.00 ****350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William Reichardt  
1515 SW 13th Street  
Gainesville, FL 32608

Name

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

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.

Signature of  
Registered Agent

Date

12-4-00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information  
on intangible tax.) KE

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 William Reichardt

Daytime Phone #

352-377-8637