

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G09109

1. Corporation Name

REICHARDT FOODS, INC.

2. Principal Office Address

1515 S.W. 13th Street

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32608

Country

US

3. Mailing Office Address

926 N.W. 13th Street

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32601

Country

US

800008478578--3

-10/21/02--01062--005

****750.00 ****750.00

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

11-22-82

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. Name and Address of Current Registered Agent

Name

BRUCE BRASHEAR, ESQ.

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

926 N.W. 13th Street

Suite, Apt. #, Etc.

City

Gainesville

State
FL

Zip Code
32601

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-17-02

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	William Reichardt	1515 S.W. 13th St.	Gainesville FL 32608
S-T	Frederic C. Reichardt	1653 N.W. 19th Circle	Gainesville FL 32607

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William Reichardt, President

10/17/02 352 377 5637

Date

Daytime Phone #

CR2E081 (9/01)