

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G44004**

1. Corporation Name

SUN-RICH FOODS, INC.

Principal Place of Business

1308 CLARE AVE
WEST PALM BEACH FL 33401-6908
US

Mailing Address

C/O J.W. KILLEN
~~1308 CLARE AVENUE~~
~~WEST PALM BEACH FL 33401~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

1418 FAIRWAY CIRCLE

WEST PALM BEACH, FL

33413 **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1983

5. FEI Number

59-2292761

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

03

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
PD	KILLEN, J.W.	710 7TH LANE 1418 FAIRWAY CIRCLE	GREENACRES FL 33403 WEST PALM BEACH, FL 33413
VP	DELUCA, FRANK	5031 50 WAY	WEST PALM BEACH FL 33415
TS	WELDON, AMY	1431 LAKE MANGO WAY	WEST PALM BEACH FL 33408

400023760164
10/13/03--01091--004 **750.00

8. Name and Address of Current Registered Agent

~~KILLEN, J.W. -~~
~~710 7TH LANE~~
~~14 K WORTH FL 33403~~

9. Name and Address of New Registered Agent

Name

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

1418 FAIRWAY CIRCLE
Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33413

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. or 617.0505, F.S.

Signature of
Registered Agent

Jay W Killen

REGISTERED AGENT MUST SIGN

Date

10/9/03

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)(l), 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:

Jay W Killen **JAY W KILLEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 **861-833-8647**

Daytime Phone #

CR2E040 (7/03)