

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 APR -3 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J50995**

1. Corporation Name

Flora & Ella's Corner Sundries Restaurant, Inc.

2. Principal Office Address
550 Hwy. 80 West

3. Mailing Office Address
P.O. Box 2821

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LaBelle, FL

City & State

LaBelle, FL

Zip

33935

Country

Zip

33935

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/2/87

5. FEI Number

59-2764910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Ralph Elver

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

461 South Main Street

Suite, Apt. #, Etc.

City

LaBelle

State
FL

Zip Code
33975

900018568159

05/03/03 01085-002 #1500 00

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

Ralph Elver

REGISTERED AGENT MUST SIGN

Date

4-1-03

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
PD	Irene Trask	550 Hwy. 80 West	LaBelle, FL 33935
VSTD	Alan Trask	550 Hwy. 80 West	LaBelle, FL 33935

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:

Alan Trask
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alan Trask

Date

4/1/03

Daytime Phone #

863-675-5800

CR2E051 (10/02)