

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -4 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J94641

1. Corporation Name

EVERGLADES FOOD SERVICES, I, INC.

Principal Place of Business

609 N. HEPBURN AVE.
SUITE #103
JUPITER FL 33458

Mailing Address

609 N. HEPBURN AVE.
SUITE #103
JUPITER FL 33458

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1987

5. FEI Number

65-0178098

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TIMOTEO, REGINALD L	609 N HEPBURN AVE #103	JUPITER FL
D	TIMOTEO, MITCHELL A	609 N HEPBURN AVE #103	JUPITER FL

6090000790356
11/04/02--01094--016 **150.00

Reg

8. Name and Address of Current Registered Agent

TIMOTEO, REGINALD L
609 N HEPBURN AVE #103
JUPITER FL 33458

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Reg
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/02

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)(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:

Reg
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

Daytime Phone #

361-
575-
0326

CR2E040 (8/02)



October 31, 2002

Department of State-Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines St.
Tallahassee, FL 32399

Re: Application for Reinstatement
Doc# J94641 - Everglades Food Services, I, Inc.

To Whom It May Concern:

Enclosed is the completed application and fee for reinstatement. We did not receive the two previously sent (UBR) Uniform Business Report notices. If these previous notices were sent they must have been sent to an incorrect address or, recipient. We have no record in our office of ever receiving documents prior to the enclosed forms.

If there are any problems in reinstatement, please contact our office at (561)-748-6731.

Thank you for your cooperation and immediate attention to this matter.

Reginald Timoteo
CEO