

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 16 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L46054

1. Corporation Name

Deggeller Foods Inc.

2. Principal Office Address

3350 SW Deggeller Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 238

Suite, Apt. #, etc.

City & State

Palm City FL

Zip

34990

Country

US

City & State

Stuart FL

Zip

34995

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1-30-1990

5. FEI Number

65-0172588

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

Mr. William Ingram Sr.

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

11130 SE Federal Hwy

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33475

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

William T. Ingram Sr.
REGISTERED AGENT MUST SIGN

Date 5-2-05

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 Pres	Donald Deggeller	3350 SW Deggeller Ct.	Palm City FL 34990
Vice Pres	Greg Deggeller	3350 SW Deggeller Ct.	Palm City FL 34990

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:

Donald Deggeller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD DEGGELLER

5-2-05

Date

772-286-1950

Daytime Phone #

CR2E081 (01/05)