

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 23 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 94925

1. Corporation Name

FOOD AND BEVERAGE INGREDIENTS, INC

000209188190
06/21/11--01032--004 **900.00

2. Principal Office Address - No P.O. Box #

1038 ROYAL GARDENS CR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY FLORIDA

City & State

Zip

Country

32746

USA

Zip

Country

10-11

CR22081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/90

5. FEI Number

59-3028634

☐ 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

EDWARD POPPER

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

1038 ROYAL GARDENS CR.

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

REINSTATEMENT

NSP
6/23

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

Edward Popper

REGISTERED AGENT MUST SIGN

Date 6-13-11

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	ELEANOR POPPER	1038 ROYAL GARDENS CR.	LAKE MARY, FL 32746
T	EDWARD POPPER	1038 ROYAL GARDENS CR.	LAKE MARY FL. 32746

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Edward Popper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-829-7375 6-13-11

Date

Daytime Phone #