

H010000923861

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 22 PM 2:08

REINSTATEMENT 99-01

DOCUMENT # M73696

1. Corporation Name
SEQUOIA FOOD SYSTEMS, INC.

| | | | |
|---|----------------|---|----------------|
| 2. Principal Office Address 6709 Raymond Road Suite, Apt. #, etc. | | 3. Mailing Office Address 6709 Raymond Road Suite, Apt. #, etc. | |
| City & State Madison, WI | | City & State Madison, WI | |
| Zip 53719 | Country USA | Zip 53719 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 03/24/1988

5. FEI Number 65-0050685

6. CERTIFICATE OF STATUS OBTAINED

7. Name and Address of Current Registered Agent

Name
John J. Shea, Esquire:- Judd, Shea, Ulrich, Oravec, Wood & Dean, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2940 S. Tansand Trail


Suite, Apt. #, etc.

City
Sarasota, FL

State
FL

Zip Code
34239

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, P.S.


Signature of Registered Agent  Date 08-22-2001

REGISTERED AGENT LARRY AIN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least a director)

| Title | Name of Officer and/or Director | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|---------------------------------|--|--------------------|
| DPS | Jeffrey S. Rosenberg | 6709 Raymond Road | Madison, WI 53719 |
| DVP | Gilbert S. Rosenberg | 6709 Raymond Road | Madison, WI 53719 |
| T | Jeffrey S. Rosenberg | 6709 Raymond Road | Madison, WI 53719 |
| | | | |
| | | | |

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)(b), 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:  Jeffrey S. Rosenberg 08-22-2001 608-271-4445

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

JB 8/22

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JTW

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

SEQUOIA FOOD SYSTEMS, INC.

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$1,050.00 |