PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 16 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M81181

1. Corporation Name

ISLAND FOOD STORES, INC.

01-03

2. Principal Office Address		**3.** Mailing Office Address	
4315 Pablo Oaks Court		4315 Pablo Oaks Court	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224	Country US	Zip 32224	Country US

4. Date Incorporated or Qualified To Do Business in Florida 5/17/1988

5. FEI Number 592891342 — 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: Smith Hulsey & Busey

Street Address (P.O. Box Number is Not Acceptable): 225 Water Street

700020883377
06/16/03--01027--012 **150.00

Suite, Apt. #, Etc.: Suite 1800

City: Jacksonville — State: FL — Zip Code: 32202

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: Smith Hulsey & Busey By: M. Richard Lewis, Vice-President — REGISTERED AGENT MUST SIGN

Date 5/1/03

CR2E081 (10/02)

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
DC	E. Chester Stokes, Jr.	4315 Pablo Oaks Ct., Ste. 2	Jacksonville, FL 32224
DP	Thomas C. Bergmann	4315 Pablo Oaks Ct., Ste. 2	Jacksonville, FL 32224
VT	Ronald E. Smith	4315 Pablo Oaks Ct., Ste. 2	Jacksonville, FL 32224
V	Mark E. Contos	4315 Pablo Oaks Ct., Ste. 2	Jacksonville, FL 32224
V	Craig A. Barnthouse	4315 Pablo Oaks Ct., Ste. 2	Jacksonville, FL 32224
S	Sherry Hice	4315 Pablo Oaks Ct., Ste. 2	Jacksonville, FL 32224

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: Ronald E. Smith — 5/9/03 — (904) 482-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RONALD E. SMITH

JC 6/17