

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N07000001061**

1. Entity Name  
FLORIDA FOOD BANKS AND FOOD PANTRIES  
ASSOCIATION, INC.



**FILED**

08 NOV -7 PH 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
200 W. COLLEGE AVE., SUITE 206  
TALLAHASSEE, FL 32301

Mailing Address  
200 W. COLLEGE AVE., SUITE 206  
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
522 E. Park Ave  
Suite, Apt. #, etc.  
161  
City & State  
Tallahassee, FL  
Zip  
32301  
Country  
USA

11072008 REIN-NP CR2E099 (1/07)

4. FEI Number  
☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
DOBSON, MICHAEL  
200 W. COLLEGE AVE., SUITE 206  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
Name  
DOBSON, CRAIG AND ASSOCIATES, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
522 E. Park Ave, Suite 101  
City  
Tallahassee, FL  
Zip Code  
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 11/7/08  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2009, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRAIG, CYNTHIA 200 W. COLLEGE AVE., SUITE 206 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLES, REGGIE 200 W. COLLEGE AVE., SUITE 206 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAIG, CYNTHIA 200 W. COLLEGE AVE., SUITE 206 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	522 E. Park Ave Suite 101 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	522 E. Park Ave Suite 101 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	522 E. Park Ave Suite 101 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Dobson 522 E Park Ave, Ste 101 Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500138036435 11/18/08--01013--009 ***183.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 11/7/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR