## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE APPLICATION FILFD Sandra B. Mortham FOR Secretary of State REINSTATEMENT 1297 NOV 24 PN 3: 55 DIVISION OF CORPORATIONS N12125 SECRETARY OF STATE DOCUMENT # TAULZHASSEEL FLORIDA 1. Corporation Name CENTRAL FLORIDA FROZEN FOOD ASSOCIATION, INC. Principal Place of Business Malling Address 202 S. PARKER ST. P.O. BOX 191 TAMPA FL 33606 **TAMPA FL 33601** RINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business In Florida 11/18/1985 Fawn Grove Ct 5. FEI Number Applied For 59-2401896 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip KOLAR, DARCHE 9108 W AZEELE ST **TAMPA FL 33609** Lando'Lakes, FL34639 3748 FawnGrove MYSELS, MIKE 5555 W. WATERS AVENUE TAMPA FL 33634 --5680-14 W.Cupress St WEST: CRAIG 815 N. BUMBY AVENUE ORLANDO FL-92802 5650 Breckenridge PKD Swanson Tampa, FL 33610 GEOO. JOE 202 S. PARKER STREET ŦĐ TAMPA FL 33606 D 207-Kelsey Ln 000002358070---7 -11/26/97---01084---017 \*\*\*\*236.25 \*\*\*\*236.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent WIRGES, FRANK F.C.P.A. Street Address (P.O. Box Number is Not Acceptable) 13902 N. DALE MABRY HWY. SUITE 160 Suite, Apt. #, Etc. **TAMPA FL 33618** City Zip Code State 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent . REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. on Intangible tax.) Yes

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Priorie & Dayline Priorie &

12. 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 filling 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.