

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 DEC 28 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100114332491  
01/08/08--01017--022 \*\*122.50  
~~01/08/08--01017--022 \*\*122.50~~

DOCUMENT # N94000003907

1. Corporation Name

Greater Love Food Bank, Inc.

**REINSTATEMENT**

CR2E081 (1/07)

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

1407 Wekewa Nene

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

(Same)

Zip

Country

32301

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Joseph D. Franklin III

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

1407 Wekewa Nene

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joseph D. Franklin III

REGISTERED AGENT MUST SIGN

Date

12/28/07

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
PD	Joseph D. Franklin III	1407 Wekewa Nene	Tallahassee FL 32301
VPD	Charles Weaver	3127 S. Fulmer Circle	Tallahassee FL 32303
SD	Barbara Aines	2502-A Holtan Street	Tallahassee FL 32301
TD	Linda Franklin	3031 Flintlock Drive	Tallahassee FL 32301

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 contained in Chapter 119, 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:

Joseph D. Franklin III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/07

Date

850 566-0962

Daytime Phone #