

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN -6 PM 3:34

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # N98000005282

**1. Corporation Name**

THE GROCERY MANUFACTURERS REPRESENTATIVES  
ASSOCIATION OF JACKSONVILLE, FLORIDA  
Incorporated

**2. Principal Office Address**

**3. Mailing Office Address**

PO BOX 23403

P.O. BOX 23403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FLORIDA

JACKSONVILLE, FLORIDA

Zip

Country

Zip

Country

32241

USA

32241

USA

**REINSTATEMENT 99-01**

**4. Date Incorporated or Qualified To Do Business in Florida**

9/16/98

**SP**

**5. FEI Number**

59-212553

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

GARY REH

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

1333 TRADEPORT DR

Suite, Apt. #, Etc.

300004434833-9

-06/21/01--01033--003

\*\*\*358.75 \*\*\*358.75

City

JACKSONVILLE

State  
**FL**

Zip Code

32218

**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

*Mary Reh*

Date

6/1/01

REGISTERED AGENT MUST SIGN

**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          |
|--------|-----------------------------------|--|-----------------------------|
| P      | RALPH MCNEELY                     | P.O. BOX 23403                                 | JACKSONVILLE, FL 32241      |
| C      | BARBARA MOORE WEDD                | 63 JACKSON AVE                                 | PONTE VEDRA BEACH, FL 32082 |
| T      | GARY REH                          | 1333 TRADEPORT DR                              | JACKSONVILLE, FL 32218      |
| D      | DICK CARROL                       | 1411 HURON ST                                  | JACKSONVILLE, FL 32257      |
| D      | JIMMY STRICKLAND                  | P.O. BOX 5623                                  | JACKSONVILLE, FL 32247      |
| D      | JIM LYHEART                       | P.O. BOX 8090                                  | JACKSONVILLE, FL 32239      |

**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:

*Mary Reh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

Date

(904) 741-1241

Daytime Phone #

CR2E081 (9/00)