

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



00-01 UBR

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

**FILED**

01 JUN 27 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N990000048791

**1. Corporation Name**

Florida Nutritional Food Services, Inc.

**2. Principal Office Address**

1621 SE 2ND Terrace

Suite, Apt. #, etc.

**3. Mailing Office Address**

1621 SE 2ND Terrace

Suite, Apt. #, etc.

**City & State**

Cape Coral, FL

**City & State**

Cape Coral, FL

**Zip**

33990

**Country**

Lee

**Zip**

33990

**Country**

Lee

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

8/11/99

**5. FEI Number**

65-0937103

**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**

300004475408-11

**Name**

Martha L. Whitaker

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

1621 SE 2ND Terrace

**Suite, Apt. #, Etc.**

**City**

Cape Coral

**State**

FL

**Zip Code**

33990

**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**

Martha L. Whitaker

**Date** 6/23/01

LS

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/D	Martha L. Whitaker	1621 SE 2ND Terrace	Cape Coral, FL 33990
V/D	Jessica M. Garrett	11541 Joyceton Drive	Largo, MD 207741
S/D	Charmin K. Gulley	1621 SE 2ND Terrace	Cape Coral, FL 33990
T/D	Willeen Whitney	33 Kingsman Circle	Fort Myers, FL 33905

**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:** Martha L. Whitaker

Martha L. Whitaker

6/23/01 (941) 574-7585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

**F  
N  
F  
S  
Inc.**

2062

## Florida Nutritional Food Services, Inc.

---

1621 SE 2nd Terrace Cape Coral, FL 33990

Ph. 941 574-7585

June 23, 2001

Florida Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: Florida Nutritional Food Services, Inc.  
Ref. Number: N9000004879

Dear Ms. Leslie Sellers:

Per your request, this letter is to advise you that Florida Nutritional Food Services, Inc. did not receive any rejection letter from the State Division of Corporation in the year 2000. Specifically, FNFS did not receive the Annual Report or, Uniform Business Report 2000 you returned last year to be corrected.

Also as you requested, I have enclosed the reinstatement form completed and a check for \$61.25 the fee for this year report.

If you have any questions regarding this matter, please feel free to contact me.  
Thanking you in advance for your time and assistance.

*Martha Whitaker*  
Martha Whitaker  
President

Enclosures