

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000039832**

1. Corporation Name

**SOUTHERN FOODWORKS CORPORATION**

Principal Place of Business

Mailing Address

8876 SE ROBBY ST  
HOBE SOUND FL 33455

211 WINNACHEE DR  
STUART FL 34994

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5.-FEI Number

Applied For

65-1002169

Not Applicable

City & State

City & State

STUART FLORIDA

STUART FLORIDA

Zip

Country

Zip

Country

34996

USA

34996

USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WOODS, MARK	211 WINNACHEE	STUART FL 43994

000023968280  
10/21/03--01056--009 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOODS, MARK  
211 WINNACHEE DR  
STUART FL 34994

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

Date

10/17/03

REGISTERED AGENT MUST SIGN

11. 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/03 (772) 285-2718

CR2E040 (7/03)

DEAR DIVISION OF CORPORATIONS:  
DUE TO ADDRESS CORRECTIONS PROBLEMS WITH THE US MAIL SERVICE IN  
MY AREA I HAVE NEVER RECEIVED THE UNIFORM BUSINESS REPORT I  
NEEDED TO FILE FOR CORPORATE STATUS THIS YEAR

PER OUR CONVERSATION:  
ENCLOSED PLEASE FIND A CHECK FOR 150.00 PLUS A CERTIFICATE FEE OF  
8.75 AND A CORRECT CHANGE OF ADDRESS FOR MY CORPORATE STATUS

SINCERELY

CHEF MARK

MARK WOODS  
SOUTHERN FOODWORKS CORPORATION  
2621 SE OCEAN BLVD.  
STUART, FLORIDA 34996  
(772) 285-2718