

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000091346

1. Corporation Name

FESTIVE FUN FOODS, INC.

Principal Place of Business

11417 PERSIMMON BLVD.  
ROYAL PALM BEACH FL 33411

Mailing Address

11417 PERSIMMON BLVD.  
ROYAL PALM BEACH FL 33411

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/2000

5. FEI Number

651044800

Applied For

Not Applicable

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
PTD	LUCIER, MARY	11417 PERSIMMON BLVD.	ROYAL PALM BEACH FL 33411
VSD	LUCIER, WILLIAM	11417 PERSIMMON BLVD.	ROYAL PALM BEACH FL 33411

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-12/12/01--01086--006

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

TURNER, OTHIEL  
5787 W. SUNRISE BLVD.  
PLANTATION FL 33313

9. Name and Address of New Registered Agent

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 named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct. 18, 01 561 795 2093

**OTHEL TURNER & CO.**  
ACCOUNTANTS  
5787 WEST SUNRISE BOULEVARD • HUMANA PLAZA  
PLANTATION, FLORIDA 33313  
(954) 583-2205 FAX: (954) 321-0532

November 27, 2001

Division of Corporation  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327


Re: Festive Fun Foods, Inc.  
2001 Corporation Annual Report

We are requesting an abatement of the penalty for the above referenced report due to reasonable cause as follows:

The entity didn't receive the original report; to file. It appears to have been a confusion of the Address. The mailing address is correct.

Enclose is the entity's check in the amount of \$150.00. Please except the check and register the annual report.

Sincerely



Othel Turner