

01-02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 19 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700 000107310

1. Corporation Name

CRIM'S SPECIALTY FOOD, INC

500005392065---3

-04/30/02--01051--002

****300.00 ****300.00

2. Principal Office Address

5208 RICKER RD

3. Mailing Office Address

310 FOXRIDGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

ORANGE PARK, FL

Zip

32210

Country

DUVAL

Zip

32065

Country

CLAY

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-2000

5. FEI Number

52-2278279

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

JAMES CRIM

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

310 FOXRIDGE ROAD

Suite, Apt. #, Etc.

City

ORANGE PARK, FL

State

FL

Zip Code

32065

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

James Crim

REGISTERED AGENT MUST SIGN

Date

4/6/02

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	JAMES CRIM	310 FOXRIDGE ROAD	ORANGE PARK, FL 32065

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:

James Crim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02

Date

904-710-4382

Daytime Phone #

CR2001 (9/01)

4/26/02

APRIL 7, 2002

FROM: CRIM'S SPECIALTY FOOD, INC FEIN# 52-2278279

TO: STATE OF FLORIDA, CORPORTION REINSTATEMENT

SUBJ: WAVIERING PENALTY - CORPORATE RENEWAL

1. I PURCHASE PROPERTY FOR CRIM'S SPECIALTY FOOD, INC IN NOVEMBER 2000. I FILED INCOME TAXES, PAID PROPERTY TAXES AND PAID INSURANCE FOR THE PROPERTY. I WAS NOT AWARE OF CORPORATION TAX, I NEVER RECEIVED ANY BILL OR PAYMENT DOCUMENT. MY TAX PREPARER NEVER TOLD ME ABOUT THIS TAX. I AM REQUESTING A ONE TIME PENALTY WAVIER FOR NOT PAYING LAST YEAR'S TAX. I FORWARDED BOTH YEARS TAX. I WILL ENSURE THAT THIS TAX IS PAID EVERY YEAR.

SINCERELY

A handwritten signature in cursive script, appearing to read "James Crimi". The signature is written in dark ink and is positioned below the word "SINCERELY".