

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG 20 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000046683

1. Corporation Name

FELIX'S FINE FOODS, INC.

2. Principal Office Address

2811 S.W. 19th COURT

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip Country
34474 MARION

3. Mailing Office Address

2811 S.W. 19th COURT

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip Country
34474 MARION

REINSTATEMENT

02-03

500022451525
08/20/03--01066--004 **900.00

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

05/04/01

5. FEI Number

59-3718825

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

R. WILLIAM FUTCH

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

610 S.E. 17th STREET

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

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

REGISTERED AGENT MUST SIGN

Date

8/18/03

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	LORING W. FELIX	2811 S.W. 19th COURT	OCALA, FL 34474
S/D	MARGARET N. FELIX	2811 S.W. 19th COURT	OCALA, FL 34474

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/17/03 352 732 8080

Daytime Phone #

7/8/00