

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN -7 PM 1:40

DOCUMENT # *P01000060337*

1. Corporation Name

Hutson Food Services, INC.

2. Principal Office Address - No P.O. Box #

11829 South Orange Blossom Trail

3. Mailing Office Address

11829 South Orange Blossom Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32837

Country

Orange

Zip

32837

Country

Orange

000181776830  
06/07/10--01063--016 \*\*1200.00

**REINSTATEMENT**

07-10

4. Date Incorporated or Qualified

To Do Business in Florida 06/18/2001

5. FEI Number

593726332

☐ 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

Duane Hutson

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

11829 South Orange Blossom Trail

Suite, Apt. #, Etc.

City

Orlando Florida

State

FL

Zip Code

32837

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

Date

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	Duane Hutson	273 Gary Blvd	Longwood Florida 32750

10. E-mail Address: Duane@levanscatering.net

(To be used for future annual report notification)

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. I further certify 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 #

6-2-10