

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 14 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064548

1. Corporation Name

Food Safety Solutions, Inc.

2. Principal Office Address

120 Interstate West
Parkway

Suite, Apt. #, etc.

100

City & State

Lithia Springs, GA

Zip

30122

Country

U.S.

3. Mailing Office Address

120 Interstate West
Parkway

Suite, Apt. #, etc.

100

City & State

Lithia Springs, GA

Zip

30122

Country

U.S.

REINSTATEMENT 02-24

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

6/28/2001

5. FEI Number

58-2632779

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

American Information Services, Inc.

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

350 East Las Olas Boulevard

Suite, Apt. #, Etc.

Suite 1600

City

Fort Lauderdale

State

FL

Zip Code

33301

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.

American Information Services, Inc.

Signature of
Registered Agent

By: Donn Beloff

REGISTERED AGENT MUST SIGN

Date

10/18/04

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
D, P	James Schurman	120 Interstate West Parkway	Lithia Springs, GA 30122
VP	James Williams	120 Interstate West Parkway	Lithia Springs, GA 30122
S, T	Joseph Hardin	120 Interstate West Parkway	Lithia Springs, GA 30122

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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:

Joseph W. Hardin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
By: Joseph Hardin, Secretary

Date

10/8/04

770-732-0700

Daytime Phone #

CR2E081 (01/04)