

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000089713**

1. Corporation Name

RWD FOOD SERVICE, INC.

Principal Place of Business

**1595 E SILVER STAR ROAD
OCOE FL 34761**

Mailing Address

**1595 E SILVER STAR ROAD
OCOE FL 34761**

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

09/10/2001

5. FEI Number

59-3742811

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
D	EFFRON, L R	5013 EDGEWATER DRIVE	ORLANDO FL 32810

8. Name and Address of Current Registered Agent

**WEATHERFORD, WILLIAM P JR
1031 W MORSE BLVD STE 105
WINTER PARK FL 32789**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-31-02**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-02 407-398-8888

CR2040 (8/02)

RWD Food Service, Inc.
1595 E. Silver Star Road
Ocoee, Florida 34761
407/294-0300

December 16, 2002

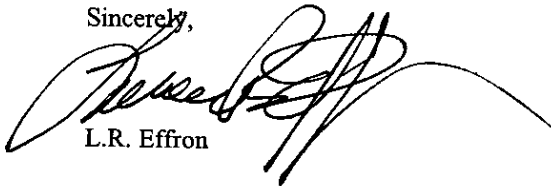
Justin M. Shivers
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Shivers:

I respectfully request that you reconsider your request for the \$600.00 reinstatement penalty. I did not receive any forms to file this registration. I only received the Certificate of Dissolution or Revocation. I have enclosed the original Application for Reinstatement and previously paid the \$150.00 registration fee as you have noted on the application.

I assure you I would have paid this in a timely matter had I received the proper documentation and thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "L.R. Effron", with a long, sweeping horizontal stroke extending to the right.

L.R. Effron

LRE:ntc

Enclosure