

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/10/03--01007--010 **8.75

REINSTATEMENT 01-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000093571

1. Corporation Name

Momentum Food Service, Inc.

2. Principal Office Address

38 Viewpoint Lane

Suite, Apt. #, etc.

City & State

Front Royal, VA

Zip

22630

Country

USA

3. Mailing Office Address

38 Viewpoint Lane

Suite, Apt. #, etc.

City & State

Front Royal, VA

Zip

22630

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09/25/01

5. FEI Number
59-3747563

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Linda S. Snook

Date 6/9/2003

LINDA S. SNOOK REGISTERED AGENT MUST SIGN

AUTH. REP.

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
Pres.	Ralph Cannon	362 Depot Street	Asheville, NC 28801
Sec.	Thomas P. Tanis, Jr.	38 Viewpoint Lane	Front Royal, VA 22630
Tres.	Charles Cooksey	4863 West Vernal Pike	Bloomington, IN 47402

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:

Charles Cooksey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/30/03

Daytime Phone #

812-336-7443

CR2E081 (10/02)

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