

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

03 AUG 25 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000103735

1. Corporation Name

K B Farms Food Services, Inc.

2. Principal Office Address

4250 Alafaya Trail

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32765

Country

USA

3. Mailing Office Address

820 Lake Kathryn Circle

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3751906

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

David Crowder

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

820 Lake Kathryn Circle

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

[Signature]

Date

8/19/03

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	Krist Nikollaj	196 Hanging Moss Road	Oviedo, FL 32765
VP	Jozef Nikollaj	204 Hanging Moss Road	Oviedo, FL 32765
S	Mhill Nikollaj	200 Hanging Moss Road	Oviedo, FL 32765
T	Keith Bevington	4250 Alafaya Trail	Oviedo, FL 32765

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]
Krist Nikollaj

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-03

Date

407-310-0267

Daytime Phone #

CR2081 (10/02)