

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB 27 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD/000/05634

1. Corporation Name

BARRETT'S EAST COAST FOODS, INC.

000116456940
01/30/08--01033--004 **150.00

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

2270 GRIFFIN ROAD

Suite, Apt. #, etc.

PMB 210

City & State

LAKELAND, FL

Zip

33810

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/01

5. FEI Number

59-3753964

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

PATRICIA L. METCALF

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

2270 GRIFFIN ROAD

Suite, Apt. #, Etc.

PMB 210

City

LAKELAND

State

FL

Zip Code

33810

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Patricia Metcalf

Date 1-23-08

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	METCALF, PATRICIA L.	2270 GRIFFIN ROAD PMB 210	LAKELAND, FL. 33810
VP	ROWLAND, DENNIS D.	2270 GRIFFIN ROAD PMB 210	LAKELAND, FL. 33810

000116456940
02/27/08--01023--004 **300.00

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 contained in Chapter 119, 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:

Patricia Metcalf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

Date

833-2230

Daytime Phone #