

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 5:17

DOCUMENT # P02000096016

1. Corporation Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIDENCES FOOD, INC.

Principal Place of Business

Mailing Address

17902 CLEARLAKE DRIVE
LUTZ FL ~~33549~~ 33548

17902 CLEARLAKE DRIVE
LUTZ FL ~~33549~~ 33548



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

55-0794001

Not Applicable

Zip

Country

Zip

Country

33548

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BULLARD, ARTHUR JR	17902 CLEARLAKE DRIVE	LUTZ FL 33549
D	BULLARD, M. KATHERINE	17902 CLEARLAKE DRIVE	LUTZ FL 33549

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRECO, FRANK J
4047 HENDERSON BLVD.
TAMPA FL 33629

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

REGISTERED AGENT MUST SIGN

Date 10/22/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Bullard, Jr

10/20/03 813-944-1462

Date

Daytime Phone #

CR2E040 (7/03)

October 20, 2003

Attn: Justin
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 3214

RE: Residences Food, Inc.

Dear Sir/Madame:

Per my inquiry, note regarding correspondence and conversation with Justin; I am submitting an additional completed application. I forwarded a check in the amount of \$550.00 but I am hopeful because of the error to only be required to pay \$125.00.

I never received the correspondence per earlier note and conversation with Justin. Please also note zip code was incorrect. Thanks for your assistance.

Sincerely, |

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke, likely representing the name Arthur Bullard, Jr.

Arthur Bullard, Jr.