

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 DEC 31 AM 10:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO4000045922

1. Corporation Name

C+S Snacks Inc

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

1435 Country Oaks Blvd. Lake Wales
Suite, Apt. #, etc. F

3. Mailing Office Address

1435 Country Oaks Blvd
Suite, Apt. #, etc.

City & State

Lake Wales FL

City & State

Lake Wales FL

Zip Country

33898 USA

Zip Country

33898 USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-8-2004

5. FEI Number

201078846

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

Christie Lawson

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

1435 Country Oaks Blvd
Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33898

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

Christie Lawson

REGISTERED AGENT MUST SIGN

Date 12-30-2014

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 |
|--------|--------------------------------------|---|---------------------|
| PD | Christie Lawson | 1435 Country Oaks Blvd | Lake Wales FL 33898 |
| VD | James Lawson | 1435 Country Oaks | Lake Wales FL 33898 |
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| | | | |

DEC 31 2014

R HUNT

10. E-mail Address: Christie.Lawson@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Christie Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-14

Date

Daytime Phone #