

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 AM 9:07

DOCUMENT # P04000059684

1. Corporation Name

BORCOR FOODS INC.

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

1702 W. UNIVERSITY AVE / 8431 SW 11th RD

Suite, Apt. #, etc.

D

City & State

GAINESVILLE, FL

Zip

32603

Country

USA.

3. Mailing Office Address

1702 W. UNIVERSITY AVE / 8431 SW 11th RD

Suite, Apt. #, etc.

1702 W. UNIVERSITY AVE

City & State

GAINESVILLE, FL

Zip

32603

Country

USA.

800165776218
01/12/10--01003--022 **750.00

KS

REINSTATEMENT 06-10

Date Incorporated or Qualified
To Do Business in Florida

04/02/2004

5. FEI Number

33/088638

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

ROB ROCHE

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

8431 SW 11th RD

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32607

☒ 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

Date

JAN 08/10

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	ROBERT A. ROCHE	8431 SW 11 th RD	GAINESVILLE, FL 32607
V.P	LAURA L. ROCHE	8431 SW 11 th RD	GAINESVILLE, FL 32607

10. E-mail Address: ROBS@RELISHUSA.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 08/10 (352) 359-4762

Daytime Phone #

To Whom it may concern:

JAN 08/10. ^{2 of 2}

I SOLD MY BUSINESS SEPT. 2006.
AND NEVER RECEIVED ANY MAIL FOR CORPORATION
BORCOR FOODS INC. DOC # P04000059684 THE
ADDRESS ON FILE FOR MAILING ADDRESS
WAS AN APT. AND I MOVED JAN 2006 INTO
MY HOME (CURRENT ADDRESS: 8431 SW 11th RD).
GAINESVILLE, FL
32607.
SINCE JAN 2006)

PLEASE REINSTATE MY COMPANY AND I
REQUEST WAIVER OF FEES.



Doris Roche
(352) 359-4762.