ATTACHMENT 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 AM 9:07

DOCUMENT # P04000059684

1. Corporation Name

BORCOR FOODS INC.

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

KS

REINSTATEMENT 06-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1702 W. UNIVERSITY AVE.	~~8431 SW 11th RD~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
D	1702 W. UNIVERSITY AVE
City & State	City & State
GAINESVILLE, FL	GAINESVILLE, FL
Zip / Country	Zip / Country
32603 / USA.	32603 / USA.

4. Date Incorporated or Qualified To Do Business in Florida: 04/02/2004

5. FEI Number: 331088638 ☐ 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 11th RD	GAINESVILLE, FL 32607.
V.P	LAURA L. ROCHE	8431 SW 11th RD	GAINESVILLE, FL 32607

10. **E-mail Address:** ROB@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: _____ JAN 08/10 (352) 359-4762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAN 08/10.

TO WHOM IT MAY CONCERN:

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.

ROB ROCHE
(352) 359-4762.