

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000116185

1. Corporation Name

Amerifoods Distribution Corporation

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

3859 Wekiva Springs Rd.

3. Mailing Office Address

3859 Wekiva Springs Rd.

Suite, Apt. #, etc.

Suite # 327

Suite, Apt. #, etc.

Suite # 327

City & State

Longwood, FL.

City & State

Longwood, FL.

Zip

32779

Country

USA

Zip

32779

Country

USA

7. Name and Address of Current Registered Agent

Name
Patrick J. Barrett

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

1966 Palm View Drive

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

Patrick J. Barrett

REGISTERED AGENT MUST SIGN

Date **3/21/07**

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
Pres.	Patrick J. Barrett	1966 Palm View Drive	Apopka, FLA. 32712

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:

Patrick J. Barrett

Patrick J. Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

Date

321-256-1231

Daytime Phone #

FILED

07 MAY -1 AM 10:21

ALLAHASSEE, FLORIDA

100103197791
05/24/07--01027--002 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/04

5. FEI Number

20-1469226

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.