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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000129414

1. Corporation Name

Applegate Food Store, Inc.  
W07-55004

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

5639 Wescomett Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

5917 Beach Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 3

Zip

32244

Country

USA

City & State

Jacksonville, FL

Zip

32207

Country

USA

**REINSTATEMENT** 06-01

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

9-14-04

5. FEI Number

20-1612596

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

Brett Isaac

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

5917 Beach Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207



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

Brett Isaac

REGISTERED AGENT MUST SIGN

Date

11/12/07

**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
P	George Rubbo7	8184 Blazing Star	Jacksonville, FL 32210

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:

George Rubbo7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/07

Date

Daytime Phone #

11/21