FILED
09 DEC -3 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000021285

1. Corporation Name

Flavortek, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1097 11th Street		13046 Racetrack Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		245	
City & State		City & State	
Syracuse, NE		Tampa, FL	
Zip	Country	Zip	Country
68446	USA	33626	USA

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-4292592
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
Peter A. Rivellini

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

Suite, Apt. #, Etc.

City	State	Zip Code
Clearwater	FL	33756

☐ 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 December 2, 2009
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/S	Robert Marchiafava	13046 Racetrack Road, #245	Tampa, FL 33626
CEO/T	Mark Pieloch	13046 Racetrack Road, #245	Tampa, FL 33626
	REINSTATEMENT		
		RH	

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: _____ Robert Marchiafava 12/02/2009 (813) 442-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT
FLAVORTEK, INC.

Certificate of Status	1
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