PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 575

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -6 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20242

1 Corporation Name
HI GRADE FOOD SPECIALTIES OF TAMPA, INC.

Principal Place of Business
240 N.E. 71ST ST.
MIAMI FL 33138

Mailing Address
~~240 NE 71ST ST.~~
~~MIAMI, FL 33138~~

REINSTATEMENT 95-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3 New Mailing Address, If Applicable
825 GREEN BAY ROAD
Suite, Apt. #, etc. SUITE 200
City & State WILMETTE IL
Zip 60091 | Country

4 Date Incorporated or Qualified To Do Business in Florida
07/27/1988

5 FEI Number
65-0229166
Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	SCOTT BROWNFIELD	825 GREEN BAY ROAD, STE200	WILMETTE IL 60091
V.P.	DANIEL O'CONNELL	825 GREEN BAY ROAD, STE200	WILMETTE IL 60091
D.R.	PATRICK LANGAN	825 GREEN BAY ROAD, STE200	WILMETTE, IL 60091.

8. Name and Address of Current Registered Agent
C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

400002024774--4
-12/10/96--01101--004
***1725.00 *****575.00

CR2E040 (12/95)

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 11-7-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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
PATRICK LANGAN SECRETARY
Date 11/1/96
(847) 256 8288
Daytime Phone #