

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Kathleen Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 2001 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #**

**1. Corporation Name**

**J+J Snack Foods Sales Corp.**

**2. Principal Office Address**

**6000 Central Highway**  
Suite, Apt. #, etc.

**3. Mailing Office Address:**

**6000 Central Highway**  
Suite, Apt. #, etc.

**City & State**

**Pennsauken, NJ**

**Zip Country**

**08109 USA**

**City & State**

**Pennsauken, NJ**

**Zip Country**

**08109 USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**3/20/89**

**5. FEI Number**

**222839684**

**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**

**CT Corporation Systems**

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

**1200 S. Pine Island Road**

**Suite, Apt. #, Etc.**

**City**

**Plantation**

**State**

**FL**

**Zip Code**

**33324**

**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**

**Margaret E. Routzahn**  
**MARGARET E. ROUTZAHN**  
**REGISTERED AGENT MUST SIGN**

**Date**

**4/12/01**

**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**

<b>PD</b>	<b>Gerald B Shreiber</b>	<b>6000 Central Hwy</b>	<b>Pennsauken, NJ 08109</b>
<b>VD</b>	<b>Dennis G. Moore</b>	<b>"</b>	<b>"</b>
<b>SD</b>	<b>Dennis G. Moore</b>	<b>"</b>	<b>"</b>
<b>TD</b>	<b>Dennis G. Moore</b>	<b>"</b>	<b>"</b>

**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 under section 119.07(3)(i), 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:**

**Dennis G. Moore**  
**DENNIS G. MOORE**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/4/01**  
**Date**

**856 665 9533**  
**Daytime Phone #**

CR2E081 (9/00)



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VD	Dennis G. Moore	" "	" "
SD	Dennis G. Moore	" "	" "
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Date

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Daytime Phone #

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CR2E081 (9/00)



**CT CORPORATION SYSTEM**

April 13, 2001

Via: regular mail

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: J & J Snack Foods Sales Corp. (NJ DOM)**

Dear Sir/Madam:

Enclosed is the original and one copy of the Corporation Reinstatement and the company's check in the amount of \$1,350.00.

Please file upon receipt in your office and return evidence to Heather S. Ashley, Assistant Controller, J&J Snack Foods, Corp., 6000 Central Highway, Pennsauken, NJ 08109.

If you have any questions, please call Heather at 1-800-989-9534, ext 259.

Very truly yours,



Peggy Routzahn  
Sr. Customer Specialist

/pr  
Encs.