

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 FEB -1, PM 1:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P28775*

1. Corporation Name
 S C FOOD SERVICES (USA) INC
 816 SOUTH MILITARY TRAIL, BLDG 6
 DEERFIELD BEACH, FL 33442

Principal Place of Business Mailing Address
 S C Food Services (USA) Inc
 816 South Military Trail, Bldg. 6
 Deerfield Beach, FL 33442

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MARCH 31, 1989/STARTED BUSINESS AUG 22, 1989	
City & State		City & State		5. FEI Number	
Zip		Zip		23-2568040	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	REENA BERLIND	Unit #1, 570 Alden Road	Markham, Ontario L3R 8N5
D	TED AGNEW	Unit #1, 570 Alden Road	Markham, Ontario L3R 8N5

REINSTATEMENT *47-98*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FLORIDA 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 700002426757--0	
		City	
		State Zip Code 02/10/98--01059--009 ***300.00 ***900.00 FL	

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 *Kate J. Helbert* Date *2/02/98*

REGISTERED AGENT MUST SIGN
Kimberly B. Christensen, Asst. Secretary

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 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: *TED AGNEW, DIRECTOR OF FINANCE & ADMINISTRATION* JAN 19/98 (905) 946-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)