

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36819

1. Corporation Name

4C FOODS CORP.

2. Principal Office Address

580 FOUNTAIN AVE

Suite, Apt. #, etc.

City & State

BROOKLYN, NY

Zip

11208

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1991

5. FEI Number

11-1691181

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 SYSTEM

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

1200 SOUTH 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

Hillary R.

REGISTERED AGENT MUST SIGN

Date

12/28/05

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
PRES	JOHN A. CELAURO	580 FOUNTAIN AVE.	BROOKLYN, NY 11208
VP/SEC	WAYNE J. CELAURO	580 FOUNTAIN AVE.	BROOKLYN, NY 11208
TREAS	SALVATRICE MCCracken	580 FOUNTAIN AVE.	BROOKLYN, NY 11208

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SALVATRICE McCracken

FILED
06 JAN 23 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/16/05 01024 020 750.00

CR2E081 (8/05)

REINSTATEMENT

05-06

T. Roberts JAN 23 2006

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