APPLICATION	
FOR	
REINSTATEMENT	
FOR	•

FLORIDA DEPARTMENT OF STATE

FILE PO NOT WRITE IN THIS SPACE.

REIN FOR	FOR NSTATEMENT	Jim Smith Secretary of Sta DIVISION OF CORPORAT	te 97 MOV 2	25 PM 1:51	
Make Check Payable To: Department of State 1. Name and Mailing Address of Corporation: DOCUMENT # pq2000000 FHC FOODS, INC. 598 SPINNAKER WESTON, FLORIDA 33326			2. If Address below. The amendmen Address	2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing a amendment. Address Address City and State	
3. Date Incorporated or Qualified To Do Business in Florida 4. FEI Numb		4. FEI Number		☐ FEI Number Applied For ☐ FEI Number Not Applicable	
5. Names a	and Street Addresses of Each Officer and/or Directo	ır			
Title 1	Names of Officers 2 and/or Directors	Officer	ddress of Each and/or Director ost Office Box Numbers)	City and State	
Pres. FRANCES W. BAUR		598 SPINNAK	ER	WESTON, FL 33326	
	This corporation has liability for i	intanoible tax under se	TEMENT_	###1080.00 ###1086.00 ###1080.00 ###1086.00 ###1080.00 ###1086.00	
	For intangible tax information ca	II Department of Reven	ue 904-488-6800.	d Address of New Registered Agent	
	REGISTERED AGENT INFORMA	ATION N	Vame	5 FOCUS SO I NOW I TO GROUP O AGOIT	
6. Name and Address of Current Registered Agent FRANCES W. BAUR 598 SPINNAKER WESTON, FL 33326			Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number)		
<u> </u>			City and State	FL. Zip Code	
Signature Registerer 9. I certify reinstatem	d Agent	REGISTERED AGENT MUST Stee empowered to execute this a eliminated, the corporate name s	SIGN application as provided for in chap abislies the requirements of section	Date 10/8/97 Date 10/8/97 Date 607 or 617, F.S. I further certify that when filing this on 607.0401 or 617.0401, F.S., and that all fees owed by	
Signature Officer or	of War Ba	• •	/8/97 Phone #	(954) 347-4037	

Typed or printed name of signing officer or director_