

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 16 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000029705**

1. Corporation Name

**Reilly Food Management Inc**

2. Principal Office Address

**700 N. Edgewood Ave**

3. Mailing Office Address

**2030 Cesery Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

Zip

Country

**32205 Duval**

Zip

Country

**32211 Duval**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/19/93**

5. FEI Number

**59-3204699**

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

**Reilly, Keith A.**

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

**2030 Cesery Blvd**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32211**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **3/12/04**

**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
PS	Reilly, Keith A	2030 Cesery Blvd	Jacksonville FL 32211
VT	Reilly, Mary	2030 Cesery Blvd	Jacksonville FL 32211

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]* **KEITH A REILLY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/12/04 904-743-5825**

Daytime Phone #

CR2001 (01/04)