


SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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 05 OCT -3 PM 4:38

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000047167</b>					
1. Corporation Name Monni's Food Company, Inc.					
2. Principal Office Address One Westbrook Corp. Ctr. Suite, Apt. #, etc. Suite 430 City & State Westchester, IL Zip 60153			3. Mailing Office Address One Westbrook Corp. Ctr. Suite, Apt. #, etc. Suite 430 City & State Westchester, IL Zip 60153		
Country USA			Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 7/2/1993					
5. FEI Number 59-3191316				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

REINSTATEMENT 05

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Kays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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 Deborah D. Skipper Deborah D. Skipper  
Asst. V. Pres. Date 10/3/05

REGISTERED AGENT MUST SIGN

9. Name and Street Address 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
CEO/P	Timothy M. Harris	1 Westbrook Corp. Ctr. Ste 430	Westchester, IL 60153
CFO	William Kenealy	1 Westbrook Corp. Ctr. Ste 430	Westchester, IL 60153

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 extinguished, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes 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(5)(f), 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: W. D. K. William J. KENEALY 208-731-2435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-05

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)205-0384

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**CORPORATION REINSTATEMENT**

**NONNI'S FOOD COMPANY, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
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