

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED****CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 25 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070936

1. Corporation Name

Sarasota Deli Provisions Inc
13203 Palmers Creek Terrace
Bradenton, FL 34202-5006

2. Principal Office Address

13203 Palmers Creek Terrace

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Zip

34202

Country

Manatee

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-07-93

T. Roberts

5. FEI Number

65-0444491

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

Robert Fox

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

13203 Palmers Creek Terrace

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202-5006

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

REGISTERED AGENT MUST SIGN

Date

4/21/05

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
P	Robert Fox	13203 Palmers Creek Terrace	Bradenton, FL 34202
VP/S/T	Connie Fox	13203 Palmers Creek Terrace	Bradenton, FL 34202

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

Robert F. Fox

Date

4/21/05

Daytime Phone #

941 907-4192

CREE001 (3/05)

April 21, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Department of State,

Please accept our corporation reinstatement and payment of back fees. The enclosed check is for \$750.00 which covers years 2001, 2002, 2003, 2004 and 2005. We ask that you please waive the reinstatement fee, as we never received any notifications in the mail that our report was due or that our corporation was being dissolved. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Fox", with a horizontal line underneath.

Robert Fox
President