

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT, OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076675

1. Corporation Name

LAWSON FOODS, INC.

Principal Place of Business

1113 S. 30TH AVE.
HOLLYWOOD FL 33020

Mailing Address

1113 S. 30TH AVE.
HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0468966

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KRISKA, JOHN	C/O 1113 S. 30TH AVE.	HOLLYWOOD FL 33020

100003087491--0
01/04/00-01063-007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARBIN, EVAN ESQ
48 E. FLAGLER ST.
PENTHOUSE
MIAMI FL 33131

Name

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

1113 S. 30th Ave.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John Kriska

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/20/99

11. 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:

John Kriska

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/99

Date

954-9388808

Daytime Phone #