

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *aa*  
REINSTATEMENT



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

DOCUMENT # **P93000077147**

1. Corporation Name

**C & P DISCOUNT FOODS, INC.**

Principal Place of Business

2265 TAMiami TRAIL E.  
NAPLES FL 34112  
US

Mailing Address

2265 TAMiami TRAIL E.  
NAPLES FL 34112  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/1993

5. FEI Number

65-0450201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 And bond fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	COOPER, PAUL	3390 RIVER PARK CT	BONITA SP FL 34134
S	BENNETT, DAVID	77 BELVOIR ROAD	WILLIAMSVILLE NY

**T8** : 900003046409--4  
-11/16/99--01099--018  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

COOPER, PAUL  
2265 TAMiami TRAIL E  
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Paul J Cooper*

Date *10-13-99*

REGISTERED AGENT MUST SIGN

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:

*Paul J Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10-13-99 941-997-344*

Daytime Phone #

To whom it may concern, 2

Here is a copy of the corporation  
annual report I sent in May.  
I don't know why you don't have  
it.

I enclosed another form plus  
a check so you won't have  
this. Please check into it  
and you can credit me if necessary

Thank you

Paul Cooper  
941-997-3184

As per letter # 599A00050660  
dated 10-21-77 here is the check  
for original annual report fee of \$150.00

Thank you  
Paul Cooper  
941-997-3188