## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9400000031

1. Corporation Name

97 JAN 16 AM 9: 15

SECRETARY OF STATE TALLAHASSEE FLORIDA COURTHOUSE FOODS, INC. Mailing Address Principal Place of Business 201 S.E. 6 Street SUITE 375 SAME REINSTATEMENT ( Ft.Lauderdale, Florida 33301 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 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 Address, If Applicable 12/22/93 5. FEi Number Suite, Apt. #, etc Suite, Apt. #. etc. Applied For City & State City & State Not Applicable 65-0532822 Zιρ Country 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip P/D1200 North Federal, Hwy. William J. Armstrong Hollywood, FL 33020 D Garth Reeves 3275 N.W.79th Street Miani. FL 33147 m/D Anthony Thorpe 240 S.W. 65 Way Pembroke, Pines FL 33023 800002063308--9 -01/21/97--01024--018 \*\*\*\*923.75 \*\*\*\*923.75 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name William J. Armstrong Street Address (P.O. Box Number is Not Acceptable) 1200 North Federal Highway Hollywood, Florida 33020 Suite, Apt. #, Etc. City Zip Code 10. I, being appointed the registered agof the **a**bove named corp<u>oration,</u> am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intancible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Certifordiums from anythat filing it is non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an onlicer or director or the observer 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., and that all fees owed by the corporation have been fadd. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Managing Director 12/21/96
ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date SIGNATURE: