PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 AUG 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051677

1. Corporation Name

LONG FOOD COMPANY

Principal Place of Business	Mailing Address
2640 KUNZE AVE ORLANDO, FL 32806	2640 KUNZE AVE ORLANDO, FL 32806

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/13/94

5. FEI Number 59-3254358 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	LAWLEY, KELLIE	6210 NUEVELLE	CINCINNATI OH 45243
D	LAWLEY, MICHAEL	6210 NUEVELLE	CINCINNATI OH 45243
D	THACKER, ZACHARY	2640 KUNZE AVE	ORLANDO FL 32806

000002274130--0
-08/21/97--01117--083
**1080.00 **1080.00

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES 1201 HAYS ST. TALLAHASSEE, FL 32301	Name: ZACHARY THACKER Street Address (P.O. Box Number is Not Acceptable): 2640 KUNZE AVE Suite, Apt. #, Etc.: City: ORLANDO State: FL Zip Code: 32806

CR2E040 (12/96)

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: Zachary Thacker Date: 8-11-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Zachary Thacker 8-11-97 407 843 5971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ZACHARY THACKER