

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR -9 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400171655454
03/09/10--01018--020 **1358.75
CR2E081 (11/09)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400066413

1. Corporation Name
Comp-Lete Food, Inc.

2. Principal Office Address - No P.O. Box #
3553 E. Forest Lake Dr.

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip
34232

Country
Sarasota

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 9-9-1994

5. FEI Number
650519148

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
Susan Smith

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

Suite, Apt. #, Etc.

City
Tampa

State
FL Zip Code
33606

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Susan R. Smith
REGISTERED AGENT MUST SIGN

Date 3-5-2010

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
PD	Sherry M. Zendel	3553 E. Forest Lake Drive	Sarasota, FL 34232
STD	Stephen A. Zendel	3553 E. Forest Lake Drive	Sarasota, FL 34232

REINSTATEMENT

RH

10. E-mail Address: Busan@strattonlaw.com

(To be used for future annual report notification)

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. I further certify, 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: Sherry M. Zendel President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2010 813-251
1624

Date Daytime Phone #

Sherry M. Zendel, President