

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 25 PM 4:00

DOCUMENT # **9500009838**

1. Corporation Name

SMOKEHOUSE FOODS, INC

2. Principal Office Address

525 GLEN CHEEK DR

3. Mailing Office Address

525 GLEN CHEEK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FL

City & State

CAPE CANAVERAL, FL

Zip

32920

Country

USA

Zip

32920

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1995

5. FEI Number

59-3298335

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

JAMES WESLEY MEADLOCK

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

434 INDIAN CREEK DR

Suite, Apt. #, Etc.

City

COCOA BEACH

State

FL

Zip Code

32931

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

James Wesley Meadlock

REGISTERED AGENT MUST SIGN

Date

1/22/2002

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
DP	MEADLOCK, J. WESLEY	525 GLEN CHEEK DR	CAPE CANAVERAL, FL 32920
DST	ANDREWS, JACQUELYN S.	525 GLEN CHEEK DR	CAPE CANAVERAL, FL 32920

10. 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:

J. Wesley Meadlock **J. WESLEY MEADLOCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/02

Daytime Phone #

321 784-9300

CR2E(M) (9/01)