

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -2 AM 8:45

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056930

1. Corporation Name

MOORE FINE FOODS INC

2. Principal Office Address - No P.O. Box #

1299-B STATE AVENUE

Suite, Apt. #, etc.

City & State

HOLLY HILL FL

Zip

32117

Country

US

3. Mailing Office Address

1299-B STATE AVENUE

Suite, Apt. #, etc.

City & State

HOLLY HILL FL

Zip

32117

Country

US

REINSTATEMENT 1996-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1995

5. FEI Number

59 3326668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ X

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEVIN R MOORE

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

1299-B STATE AVENUE

Suite, Apt. #, Etc.

City

HOLLY HILL

State

FL

Zip Code

32117

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
PRES	KEVIN R MOORE	1299-B STATE AVENUE	HOLLY HILL FL 32117

800103042556
05/22/07--01053--019 **2408.75

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 contained in Chapter 119, 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:

KEVIN R MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-07

Date

326-673-6451

Daytime Phone #

4/30/07:JFW:MF

2 5/14