PLEASE READ	ALLINST	RUCTI	IONS BEFORE (OMPLET	ING THIS FORM.	
APPLICATION FOR 97 REINSTATEMENT	FLORIDA S	A DEPAF Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State corporations	7	APPROVED AND FILED	
DOCUMENT # P950000 73942				97 OCT 16 PM 3: 03		
L.Z. FOODS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				<u> </u> -{		
3803-Southeide-Boulevard Jacksonville,-Florida32216-						
If above addresses are incorrect in any way, fine through incorrect information and enter correction below.						
New Principal Office Address, If Applicable	I .	ing Office Address, If Applicable outh First Street		Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, 6	-		September 25, 1995 5. FEI Number Applied For		
City & State	City & State	ville Beach, FL		59-33391	128	Not Applicable
Zip Country	Zip	1	Country	6. CERTIFICATE		Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Flori	da nonprof	of corporations must list at lea	st 3 directors)	Minipapes	Secretary Secretary Secretary
7. Names and Street Addresses of Each Officer and/or Director (Floratile(s) Name of Officers and/or Directors		Officer and/or Director (Do NOT Use Post Office Box N		lumbers)	4 -10/17/\$17/+600 4 ****758.75	108005 ****750.75
P, T, D Lisa Perdue		2224 S. First St., Apt. B Jacksonville Beach, FL 32			ch, FL 32250	
VP, D Delores J. Mercer		7503 Cove Wood Drive Jacksonville, FL 32256				32256
D W. Flynt Gallagher			St. Augustine R			
		_				
			RE	INSTA	TEMENT /	997
						a. alar
8. Name and Address of Current R	egistered Agen	t	Name	9. Name and A	ddress of New Registered Age	11/1/1/16
Lawrence R. Patterson Patterson & Green, P.A. 3010 South Third Street, Suite A			John H. Street Address (P		s Not Acceptable)	7970 7980 CONSECUTION (1886)
Jacksonville Beach, Florida 32250 Fatterson Suite, Apr. #, Etc.					Latshaw, P.A. Street, Suite A	
	<u> </u>		City Jacksonv	ille Beac	ch, State Z	ip Code 32250
10. I, being appointed the registered agent of the aboys damed conditation, am familiar with and accept the oblig Signature of Registered Agent John H. Labshaw, Jr. REGISTERED AG NT MUST SIGN				eligations of Section	Date 10/8/97	
11. Does this corporation pay an Dept. of Revenue under S. 1	ny intangil 199.032, F	ble tax Iorida	to the Statutes. Yes		(See other side fo on intangible	
12. I certify that I am an officer or director or the receive this reinstalement application, the reason for dissolution owed by the corporation have been paid and the nation this application is true and accurate, and my sign	ition has been el imes of individue	liminated, th als fisted on	he corporate name satisfies the this form do not qualify for a	he requirements on exemption under	of section 607,0401 or 617,0401.	F.S. that all fees
SIGNATURE: JUNE TURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daylime Phone #						