

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # DA5000014523

1. Corporation Name

G/O - Food Corp
WA5000023524

Principal Place of Business

Mailing Address

105 STILLWELL LA.
LAUREL HOLLOW, NY
11791

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

105 STILLWELL LA.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUREL HOLLOW, NY

Zip

Country

Zip

Country

11791

US

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 1995

5. FEI Number

65-0623024

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>P</u>	<u>PETER SIMONE</u>	<u>105 STILLWELL LA.</u>	<u>LAUREL HOLLOW, N.Y.</u> <u>11791</u>
<u>T</u>	<u>WILLIAM SIMONE</u>	<u>105 STILLWELL LA.</u>	<u>LAUREL HOLLOW, N.Y.</u> <u>11791</u>
			<u>4000002338944--4</u> <u>-11/05/97--01070--023</u> <u>****815.00 ****815.00</u>

Authorized by William Simone on 11/04/97

8. Name and Address of Current Registered Agent

PETER SIMONE
105 STILLWELL LA.
LAUREL HOLLOW, N.Y. 11791

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Juno Beach

State

Zip Code

FL

33408

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/22/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

9/22/97 516 692-7705

022E040 (12/96)