

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000097710

1. Corporation Name

SEMOG FOODS, INC.

Principal Place of Business

1298 S. WOODLAND BLVD  
DELAND FL 32720  
US

Mailing Address

1298 S. WOODLAND BLVD.  
DELAND FL 32720  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/1996

5. FEI Number

59-3347075

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GOMES, AIRES	1298 S WOODLAND BLVD	DELAND FL
STD	GOMES, MARIA O	1298 S WOODLAND BLVD	DELAND FL
P	GOMES, SUSAN O	1298 S WOODLAND BLVD	DELAND FL

REINSTATEMENT 03

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOMES, AIRES M.

1298 S WOODLAND BLVD  
DELAND FL 32720

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/7/03

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AIRES GOMES

Date

Daytime Phone #

10/7/03 3867400455

CR2040 (7/03)

**SEMOG FOODS, INC.**

d/b/a Dunkin Donuts  
1298 S. Woodland Boulevard  
DeLand, FL 32721-0276

Office: 904-740-0455  
Fax: 904-740-8722

**DUNKIN'  
DONUTS**

Baskin **31** Robbins.

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Florida Department of State  
Division of Corporations  
Tallahassee, FL 32314

October 7th. 2003

Dear Sirs/Madame Secretary,

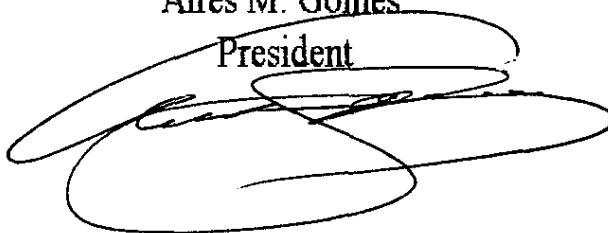
I have just received a notice of dissolution or revocation regarding to the Corporation in which we perform our business for the last 8 years and have always comply in being on time in filling our ubr and paying the fees, I am sure our records can witness that.

This year the forms only got to our corporation in mid June, payment was send immediately no response from you was made, till I received this notice so I am sending you again payment for \$150.00 as you request on your form So we can be reinstate in, please advise if we are in good standing or if further action needs to be taken.

Without any further matter at this time, please advise.

Sincerely your

Aires M. Gomes  
President

A large, stylized handwritten signature in black ink, appearing to read 'Aires M. Gomes', is written over the printed name and title.