

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 DEC 19 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049405

1. Corporation Name

LUCIA FINE FOODS INC.

Principal Place of Business

6301 WINDING LAKE DRIVE  
JUPITER FL 33404 33458

Mailing Address

6301 WINDING LAKE DRIVE  
JUPITER FL 33404

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 1083

City & State

Jupiter, Florida

Zip

33468-1083

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 1083

City & State

Jupiter, Florida

Zip

33468-1083

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/1996

5. FEI Number

650694562

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
D	LUCIA, PETER	6301 WINDING LAKE DR	JUPITER FL 33404 33458
			300002380543--2 -12/23/97--01061--011 ****250.00 ****250.00
			300002380543--2 -12/23/97--01061--012 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

RICHTER, FRANK M  
14255 US ONE STE 285  
JUNO BEACH FL 33408

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*[Signature of Frank M. Richter]*  
REGISTERED AGENT MUST SIGN

Date

12/3/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Peter B. Lucia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/97

Daytime Phone #

661-746-3352

CRCE040 (8/97)