

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 # P96000060463

1. Corporation Name

C. & F. TROPICAL FOODS PLUS, INC.

Principal Place of Business

**4271 N.W. 12TH STREET
LAUDERHILL FL 33313**

Mailing Address

**4271 N.W. 12TH STREET
LAUDERHILL FL 33313**

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1996

5. FEI Number

65-0215692

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$9.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ANDERSON, CALVIN L	4955 N.W. 47TH AVE.	COCONUT CREEK FL 33073
D	ANDERSON, FAY	4955 N.W. 47TH AVE.	COCONUT CREEK FL 33073
D	ANDERSON, KHADIJA J	4955 N.W. 47TH AVE.	COCONUT CREEK FL 33073
D	ANDERSON, CALVIN L JR	4955 N.W. 47TH AVE.	COCONUT CREEK FL 33073

REINSTATEMENT 1997

8. Name and Address of Current Registered Agent

**LOBBAN, NORMAN A
5546 WEST OAKLAND PARK BLVD.
SUITE 200A
LAUDERHILL FL 33313**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]
THE REGISTERED AGENT MUST SIGN

Date

11-3-97

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)(f), 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 TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
CALVIN L. ANDERSON

11/3/97

Date

Daytime Phone #

954-581-0470

CR25040 (9/97)