		PLEASE R	EAD ALL INST	RUCTION	S BEFORE C	COMPLETIN	G THIS FOF	RM.	
A. OEIN	FOR	ION (	FLORID 11	A DEPARTM Sandra B. M Secretary o	ENT OF STATE ortham f State	] 	HLED		
DOCUMENT # P96000099826						97 NOV -5 ATT 10: 30			
1. Corporation Name  FLORIDA FOOD & BEVERAGE COMPANY, INC.						SECRETATI OF STATE TALLAMAZACE, FLORIDA			
1444 GRO	Place of Busine VE TERRACE ARK FL 32789	ig\$		MAIIING ADDRESS  1444 GROVE TERRACE WINTER PARK FL 32789					
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						Date Incorporat	ed or Ouglified		
Sulte, Apt.	#. etc.		Suite, Apt. #.	Suite, Apt. #, etc.		To Do Business In Florida 12/		12/11/1996	
City & Stat			City & State			5. FEI Number		Applied For Not Applicable	
Zip Country		Zip	Country		59-3442761   Not Applicable 6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad		fficer and/or Director (Flo	<del>,</del>					
Title(s) Name of Officers and/or Directors 2				Street Address of E Officer and/or Direct 3 (Do NOT Use Post Office Bo		City / State / Zip			
D	COOK, JIM			1444 GROVE TERRACE			VINTER PARK FL 3	2789	
				900023435093 -1171079701166007 ****165.00 *****165.00					
								54	
					·	O Name and Add	roop of May Doglote	11-7-97	
8. Name and Address of Current Registered Agent Name						9. Name and Add	ress of New Registe	erea Agent	
PERLA, HENRY L ESQ.  -1444 GROVE TERRACE  -34 E. Pine St.  -WINTER PARK FL 32789 Orlando, PC 32801					Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  City  State  State  FL				
10. I, being	g appointed the	e registered agent	of the above named corpo	oration in familia	runth and accept the ol	bligations of Section 6		<u> </u>	
Signature of Registered			REGISTERED AC	ENT MUST SIGN		· · · · · · · · · · · · · · · · · · ·	Date	/57	
			s or has paid th roperty tax due		ear Yes 🗌	No 🖵 ow		er side for information intangible tax.)	
this rein	nstatement app by the corporati application is t	olication, the reaso ion have been paid	n for dissolution has been	eliminated, the co uals listed on this we the same legal	rporate name satisfies form do not qualify for effect as if made under	the requirements of a an exemption under a	section 607.0401 or 6	orther certify that when filing 117.0401, F.S., that all fees F.S. The Information Indicated	
	Si	GNATURE AND TY	ED OR PHINTED NAME OF	SIGNING OFFICER O	OR DIRECTOR		Date	Daytime Phone #	





11/3/97

## TO WHOM IT MAY CONCERN:

Attached application for reinstatement.

Received the enclosed over this weekend, talked to one of your agents (850 487-6059) this morning.

I seem to be caught between two State agencies with two differing instructions.

One bureau (Income or names), indicated that, as a startup, file when company becomes active. Yours says I've been dissolved, as certain forms were not filed timely.

I was not looking or any forms (supposedly green), did not receive them; hence they would not be filed.

This morning conversation; file the enclosed form with check of \$165.00 to reinstate, again the name.

The address has not changed, in fact nothing has changed since 12/11/96; being told to use fiscal year 12/11/97, am I to file again at end of year? And if so, what forms this time??

Sincerely,

Tele/Fax 407-645-2665

Mail:

Box 141184 Orlando, FL 32814

