

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

98-00



FLORIDA DEPARTMENT OF STATE
John H. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037815

1. Corporation Name

R+D Food Emporium

2. Principal Office Address

148 W. Myers Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 123
Suite, Apt. #, etc.

City & State

Mpscotte, FL

Zip

34753

Country

United States

City & State

Groveland, FL

Zip

34736

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

4/97

5. FEI Number

59-3432910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Elly C. Arapakis

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

18843 S.W. Libby Rd

Suite, Apt. #, Etc.

200003244562--7

-05/09/00--01062--018

****458.75 ****458.75

City

Groveland

State

FL

Zip Code

34736

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elly C. Arapakis

REGISTERED AGENT MUST SIGN

Date April 20, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pres	Elly Arapakis	P.O. Box 123 Groveland, FL 34736	
v-pres	Roger MacPhue, Jr	P.O. Box 123	Groveland, FL 34736
Sec.	Roger MacPhue, Jr	Same as above	S/A
Treas.	Elly Arapakis	S/A	S/A

10. 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:

Elly C. Arapakis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

(352) 429-3786

Daytime Phone #

April 20, 2000

To Whom It May Concern:

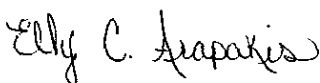
As President and owner of R & D Food Emporium, D/B/A Mascotte General Store I would like to bring your attention to the dissolution of my Corporation. The reason I am writing is to ask for the penalties on this Corporation could be waived, do the fact that the address the Annual Report booklets were being mailed to the physical address of the business, which no rural mail was being delivered to that address. In your computer it does state that the booklets were returned to your office. For future reference I would like to have ALL mail sent to:

P.O. Box 123
Groveland, Fl.
34736

I would also like to state that I have moved my business to:

748 W. Myers Blvd.
Mascotte, Fl.
34753

Enclosed is a check for the amount of \$458.75 for the reinstatement fee and for the Certificate of Status. If there is a balance still owed, you may contact me at (352) 429-3786. Thank you for your time.


Elly C. Arapakis
President