

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 19 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040842

1. Corporation Name

HAV-A-SNACK, INC.

Principal Place of Business

2211 WHITFIELD PARK AVE
SARASOTA FL 34243

Mailing Address

2211 WHITFIELD PARK AVE
SARASOTA FL 34243

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

05/05/1997

5. FEI Number

65-0756493

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	4 City / State / Zip
DVP	POPE, MATTISON S	2211 WHITFIELD PARK AVE	SARASOTA FL 34243
DPTS	POPE, GAY A	2211 WHITFIELD PARK AVE	SARASOTA FL 34243

800003027178--9
10/27/99 01186 018
***750.00 ***750.00

8. Name and Address of Current Registered Agent

REINICKE, STEPHANIE A
1800 SECOND ST STE 803
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name MATTISON S. POPE
Street Address (P.O. Box Number is Not Acceptable)
2211 WHITFIELD PARK AVE.
Suite, Apt. #, Etc.

City SARASOTA

State FL Zip Code 34243

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

Mattison S. Pope
REGISTERED AGENT MUST SIGN

Date 10/13/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

941-756-6785

CR23040 (3/99)