

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

A & A Family Foods, Inc.

Principal Place of Business

Mailing Address

3801 NW 9th Avenue

Oakland Park, FL 33309

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

Suite, Apt. #, etc. N/A

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/98

5. FEI Number

65-0760042

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
Own.	Michael K. Michael	441 NW 38th St.	Oakland Park, FL 33309
Own.	Vijayamma Michael	441 NW 38th St.	Oakland Park, FL 33309

8. Name and Address of Current Registered Agent

Michael K. Micheal  
441 NW 38th Street  
Oakland Park, FL 33309

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

REGISTERED AGENT MUST SIGN

Date 11-11-99

11. This corporation owes 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 re-instatement 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

Michael K. Michael

Date

11-11-99

Daytime Phone #

954-5681941

FILED

99 NOV 15 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100003053401--9

-11/24/99-01006--011

\*\*\*300.00 \*\*\*300.00

CR2E081 (12/96)

**JOSEPH R. BIGGAR, P.A.**  
Certified Public Accountant

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2200 W. Commercial Blvd., Suite 310A  
Ft. Lauderdale, Florida 33309

(954) 484-2800  
Fax: (954) 484-0077

November 11, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Dear sir;

Based on Michael's conversation with your office, it is our understanding that the penalties will be abated. The basic reason is no initial Annual Reports were ever mailed directly to the business.

This oversight is the reason Michael had not timely filed annual reports.

Enclosed is an updated report with a check for \$300 to cover the last two years of annual reports.

Sincerely,

*Joseph R. Biggar, C.P.A.*  
Joseph R. Biggar, C.P.A.