

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 20 PM 4:36

DOCUMENT # **P 970 000 63139**

1. Corporation Name

PUMA SNACKS INC

2. Principal Office Address

3871 NW 19 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES FL.

City & State

LAUDERDALE LAKES FL.

Zip

33311

Country

USA

Zip

33311

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 21, 1997

5. FEI Number

65-0771007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GILLESPIE, R. BOWEN

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

1515 S. FEDERAL HWY

Suite, Apt. #, Etc.

SUITE 300

City

BOCA RATON

State

FL

Zip Code

33432

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

[Signature]

Date **4-18-01**

REGISTERED AGENT MUST SIGN

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
D/P	JENSEN, E.C.	3871 NW 19 STREET	LAUDERDALE LAKES FL 33311

AD

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:

E.C. Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.C. JENSEN

pres

4-17-01

Date

Daytime Phone #

954-717-0755

CR2E081 (9/00)