

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 26 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000070200

**1. Corporation Name**

AMERICAN FOOD DISTRIBUTORS, INC.

000015279020  
01/03/03--01013--017 \*\*900.00

**REINSTATEMENT** 02-03

**2. Principal Office Address**

8402 Lemon Road

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

**3. Mailing Office Address**

8402 Lemon Road

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

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

08/13/97

**5. FEI Number**

59-3463317

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

ROBERT L. OLSEN

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

Fowler White Boggs Banker P.A.

Suite, Apt. #, Etc.

501 E. Kennedy Blvd., Suite 1700

City

Tampa

State

FL

Zip Code

33602

**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

*Robert L. Olsen*

Date 3-24-03

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
DPST	FRANK, BRETT	8402 Lemon Road	Port Richey, FL 34668

**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:

*Brett Frank*

BRETT FRANK

3/25/03

Date

(727) 848-1010

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

2/26