PLEASE READ	ALL INSTRUCTIO	NS BEFORE C	COMPLET	ING THIS FORM.		
APPLICATION APPLICATION	FLORIDA DEPART	A DEPARTMENT OF STATE		APPROVED		
FOR	Sandra B. 1	andra B. Mortham		<u> AND</u>		
REINSTATEMENT	Secretary of State		FILED			
REINSTATEMENT	DIVISION OF CO	RPORATIONS	1	00000		
DOCUMENT # P97000101288 1. Corporation Name			98 NOV 19 AM II: 34			
			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
JUST PLANE FOOD, INC.				IALLAHASSEE, F	LOHIDA	
Principal Place of Business	Mailing Address		- 	NA LUCIA KARIN KUNIN MUKE ANAMI KARI ARKA	I TINID HANN TÜNGE KANE HAN	
2400 GRIFFIN ROAD FT LAUDERDALE FL 33312	-FT-LAUDERDALE-FL-33812	ſ				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT			
New Principal Office Address, If Applicable	1	ing Office Address, if Applicable 4. D		orated or Qualified ness in Florida	4	
Suite, Apt. #, etc.	1430/ Stirling Suite, Apt. #, etc.			12/	01/1997	
				5. FEI Number Applied For		
City & State	City & State Davie	e , FL 6		65-0797004 Not Applicable		
Zip Country	33330	33330		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 co			<u>, </u>		
Title(s) Name of Officers and/or Directors 2	3 (Do NO	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nur		City / Stat	te / Zip	
-D- ROSETE, SUSAN-H-	-4481 NE 13	4461 NE 13 TERRACE		OAKLAND PARK FL 33334		
P/D Rosete, Susan H 1430		Stirling Ro		Davie, FL	33330	
V Doherty, William D 14301 Stirling			Rd	Davie, FL	33330	
	<u> </u>	2111119				
			<u> </u>			
			-12/01/9801088023 ****750.00 ****750.00			
				<u> </u>		
8. Name and Address of Current	Registered Agent		9. Name and	Address of New Registered A	gent	
Name			10	Susan	<i>H</i>	
ROSETE, SUSAN H	Street Address (F	P.O. Box Number	is Not Acceptable)			
2400 CRIFFIN ROAD 1430/ ET LAUDERDALE EL 2022 Sulte, Apt. #, Etc.			5tin	ling 1Kd		
FT LAUDERDALE FL 33312						
		Davie		State FL	Zip Code 333330	
10. I, being appointed the registered agent of the abo	we named corporation, am famil		bligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent Page 11-13-98 REGISTERED AGENT MUST SIGN Date 11-13-98						
					5 780	
1. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No						
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 filling 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 OF PRINTED NAMED'S IGNINO DEFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NAMED'S IGNINO DEFICER OR DIRECTOR Date Date						
SIGNATURE AND TYPED OR PRI	MIED NAME OF SIGNINGSPFICE	N OR DIRECTOR	•	Date Day	une Prone #	