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|---|---|--------------------|---------------------------------|---|---|--|--|-------------------------|--|
| | CAPPA CAPPA | FLORID | A DEPAR Sandra B Secretar | TMEN . Mo rt ẏ̀ of S̀ | IT OF STATE tham tate | 7 | ING THIS FORM. APPROVED ANC: FILED | 1012 | |
| DOCUM | IENT # PO700 | | IVISION OF C | ORPOR | ATIONS | 981 | DEC -4 AM 8:51 | | |
| DOCUMENT # P97000107698 1. Corporation Name INDUSTRIAL FOOD ENTERPRISES CORP. | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| INDUSTRI | AL FOOD ENTERP | KISES CO | RP. | | | } | | | |
| Principal Place of Business Mailing Address | | | | | | : :hei:##! !! | S (Eist (SSI) Varit Adril Sangi tibu dalih rad | iā airiē ieier iko idāi | |
| 16601 BEAR CUI FT. MYERS FL 3 | | | BEAR CUB CT. ERS FL 33908 | | | | | | |
| 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 | | | | | | l 4 Batalana | and as Ovelland | | |
| Suite, Apt, #, etc | | | | Date incorporated or Qualified To Do Business in Florida 12/19/1997 | | | | | |
| City & State City & S | | | pt. #, etc. | | | 5. FEI Number Applied For | | | |
| Zlp | Country Zip | | Country | | , | 6. CERTIFICATE OF STATUS DESIRED To ra Certificate of Status | | | |
| 7 None and 6 | | dia Piasta (fil | | | En dina at la | <u> </u> | for a | Certificate of Status | |
| | Street Addresses of Each Officer an Name of Officers | d/or Director (Fig | T | Stre | et Address of Each | <u> </u> | | | |
| Title(s) 2 | 2 and/or Directors 3 (Do NOT L | | | NOT Use | ficer and/or Director e Post Office Box Numbers) | | City / State / Zip | | |
| סיו סיו | O'FLAHERTY, A. WILLIAM | | | 16601 BEAR CUB CT. | | | FT. MYERS FL 33908 | | |
| יס ס | O'FLAHERTY, K. MICHAEL | | | 11 THE GREENERY | | | OAKVILLE, ONTARIO, L6H 6J6 FL 3 | | |
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| | · | | | | | | | | |
| 8. Name and Address of Current Registered Agent Name | | | | | | 9. Name and | Address of New Registered Ager | nt | |
| | | | | | Street Address (I | s (P.O. Box Number is Not Acceptable) | | | |
| 8191 COLLEGE PKWY., SUITE 300 FT. MYERS FL 33919 | | | | | Suite, Apt. #, Etc | Suite, Apt. #, Etc. | | | |
| | 7.2 555.15 | | | | City | | State Zi | p Code | |
| 10. I, being app | ointed the registered agent of the a | bave perned corp | xoration, am fa | miliar wi | th and accept the o | bligations of Secti | on 607.0505, F.S. | | |
| Signature of Registered Age | n plusky | REGISTERED A | GENT MUST | SIGN | <u>IIRED</u> | . | Date//8/9 | 8 | |
| | corporation owes or gible Personal Prope | | | | ar Yes | No 🗆 | See Sine Side to | information 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 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 semile legal effect as if made under oath.

SIGNATURE:

0069778

941.482.0731

November 19, 1998

ATTN: REINSTATEMENT SECTION Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: CHARTER NUMBER: DATE OF INCORPORATION: PRINCIPAL PLACE OF BUSINESS: INDUSTRIAL FOOD ENTERPRISES CORP. P97000107698
DECEMBER 19, 1997
16601 BEAR CUB COURT FORT MYERS, FL 33908

This date I received in the mail a Certificate of Administrative Dissolution or Revocation from your section. This action came as a complete surprise, since I never received the annual report form for the above corporation. I have been out of town for the past ten days and was not aware of this action until I returned and opened my mail.

I am at a loss to know why I did not receive the annual report. The address shown on the application for reinstatement is correct, so the forms should have been delivered to this address which is the principal place of business of the corporation. I think of myself as a good, organized business person, and I surely would have taken care of filing the report in a timely manner had it been received by me.

Under the circumstances, I requested that my attorney call your office to learn whether there was a possibility of a waiver on the large fees that are required for me to reinstate my corporation. My attorney was advised by one of your staff to have me send a letter explaining what occurred along with a check for \$150, and the completed application. Accordingly, the completed application and check are enclosed with this letter.

I respectfully request that your section waive the fees over and above the required \$150, and that my corporation be allowed to be reinstated to a good standing status. If you require any further information, please advise. Otherwise, I sincerely thank you for your consideration of this request.

A. WILLIAM O'FLAHERTY, President Industrial Food Enterprises Corp.