

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

03 JUN 25 PM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000045734

1. Corporation Name

FAIRWINDS FOOD SERVICES, INC.

*Handwritten initials*

**REINSTATEMENT 99-03**

2. Principal Office Address

6901 22nd Avenue N

3. Mailing Office Address

7941 9th Avenue S

Suite, Apt. #, etc.

Sp# VC-7

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL 33710

Zip

33710

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/20/1998

5. FEI Number

593511837

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

TODD LINDGREN

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

7941 9th Avenue South

Suite, Apt. #, Etc.

000021131240  
06/25/03--01025--008 \*\* 350.00

City

St. Petersburg,

State

FL

Zip Code

33710

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

*Handwritten signature of Todd Lindgren*

REGISTERED AGENT MUST SIGN

Date 06-18-03

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
P/D	TODD LINDGREN	7941 9th Avenue South	St. Petersburg, FL 33710
S/D	LAURA ERNA LINDGREN	7941 9th Avenue South	St. Petersburg, FL 33710

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:

*Handwritten signature of Todd Lindgren*

Todd Lindgren

06-18-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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LAW OFFICES OF  
*Perlman & Kligerman*  
An Independent Association Of Attorneys

\*Joseph N. Perlman joseph@pk-lawfirm.com  
Graham D. Kligerman graham@pk-lawfirm.com

Practice Limited to:  
Personal Injury Law  
Real Estate  
Business/Commercial Law  
Civil Litigation

\*Also Admitted in Ohio

\*Certified Circuit Court Mediator

Belcher Place  
1101 Belcher Rd., Suite B  
Largo, FL 33771

Telephone  
(727) 536-2711

Fax:  
(727) 536-2714

June 19, 2003

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahessee, FL 32399

Re: Fairwinds Food Services, Inc.  
Reinstatement

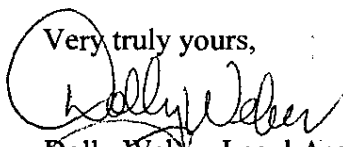
Dear Sir/Madam:

Enclosed please find a completed Corporate Reinstatement Form with reference to the above captioned matter. Also enclosed is our check no. 9643 in the sum of \$1,350 for your fee for reinstatement of same.

Should you have any questions, please do not hesitate to contact our office.

Thank you for your attention in this matter.

Very truly yours,



Dolly Weber, Legal Assistant to  
Joseph N. Perlman, Esquire