

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB -7 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000056408**

1. Corporation Name\*

**TRILLIUM FINE FOOD CORP.**

Principal Place of Business

Mailing Address

1229 LINCOLN RD  
MIAMI BEACH FL 33139

1229 LINCOLN RD  
MIAMI BEACH FL 33139



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

06/23/1998

5. FEI Number

65-0892797

Applied For

Not Applicable

6.

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 corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>President</del>	DAWN DRAKE	1229 LINCOLN RD	MIAMI, FL 33139
<del>VICE PRESIDENT</del>	JEFF KENT	1229 LINCOLN RD	MIAMI, FL 33139
<del>SECRETARY</del>	JOHN JACOBSEN	1229 LINCOLN RD	MIAMI, FL 33139

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-02/16/00--01096--018  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

HENDERSON, REBECCA L ESQ  
12955 BISCAYNE BLVD, STE 202  
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name **Jeffrey P. Kant**  
Street Address (P.O. Box Number is Not Acceptable)  
**1470 16th St. #5**  
Suite, Apt. #, Etc.  
**Miami Beach, Fla**  
City  
State **FL** Zip Code **33139**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **2-4-2000**

11. 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.

**KE**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-4-2000**

CR2E040 (3/99)