

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

090700

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 SEP -8 AM 11: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058997

1. Corporation Name

SAVVY JACK'S SOUTHERN GOURMET, INC.

Principal Place of Business

Mailing Address

17918 S.R. 54  
LUTZ FL 33549

17918 S.R. 54  
LUTZ FL 33549

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11401 N. 56th Street

Suite, Apt. #, etc.

Suite 22

City & State

Temple Terrace, FL

Zip 33617

Country

3. New Mailing Office Address, If Applicable

11401 N. 56th Street

Suite, Apt. #, etc.

Suite 22

City & State

Temple Terrace, FL

Zip 33617

Country

REINSTATEMENT

9910

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1998

5. FEI Number

59-3519423

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SPENCER, DAVID	17918 S.R. 54	LUTZ FL 33549
STD	SPENCER, MELODY	17918 S.R. 54	LUTZ FL 33549

800003405128--6  
09/26/00 01096 012  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

SPENCER, DAVID

17918 S.R. 54

LUTZ FL 33549

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

02/09/2000

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/00

Daytime Phone #

(813) 914-8804

CR2E040 (8/99)