

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 AM 9:18

DOCUMENT # P98000073652

1. Corporation Name

Big John's Food, Inc.

2. Principal Office Address

2825 Business Center Blvd.

Suite, Apt. #, etc.

Suite B-3

City & State

Melbourne, FL

Zip

32940

Country

USA

3. Mailing Office Address

PO BOX 410648

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32941

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/98

5. FEI Number

65-0861286

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

John S. Murray

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

5011 Dixie Hwy NE

Suite, Apt. #, Etc.

Apt. A-101

City

Palm Bay

State

FL

Zip Code

32905

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

John S. Murray

REGISTERED AGENT MUST SIGN

Date 10/30/00

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
Pres.	John S. Murray	5011 Dixie Hwy NE #A101	Palm Bay, FL 32905
VP	Lilly S. Murray	5011 Dixie Hwy NE #A101	Palm Bay, FL 32905
			<i>PR 11/16</i>

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:

John S. Murray

John S. Murray

10/30/00

Date

321-242-1626

Daytime Phone #

CR2E081 (9/99)

2

BIG JOHN'S FOOD, INC.
P.O. BOX 410648, MELBOURNE, FL 32941
Phone 321-242-1626 Fed. ID#65-0861286 Fax 321-242-4982
1-800-401-9365

October 30, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

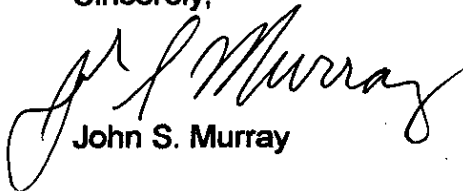
Please find our application for corporate reinstatement included with this letter. With respect to the reinstatement fee of \$600.00, we are requesting a one-time waiver.

Per my conversation with an examiner on 10/25/2000, it seems that our annual report was mailed to our old address in Sunrise, Florida. I was mistakenly under the impression that our Melbourne address replaced the old one when I had requested a copy of our Articles last year and given the new address. Please see the attached letter from the Department of State, which indicates our Melbourne address (currently our mail is being forwarded from the address shown on that letter to the address shown at the top of this page).

When I realized last week that I had not seen my 2000 annual report, I immediately called the Division of Corporations and found out that the corporation had been dissolved as of 09/22/2000.

I sincerely apologize for the misunderstanding and respectfully request that the reinstatement fee be waived in this instance. Thank you for your assistance in this matter. I look forward to hearing from you.

Sincerely,


John S. Murray