

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P98000074332
Beck Foods Distributors INC

1. Corporation Name

2. Principal Office Address

16204 OAKMANOR DR

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33624

Country

Hillsborough

3. Mailing Office Address

16204 OAKMANOR DR

Suite, Apt. #, etc.

City & State

*Tampa,
Florida*

Zip

33624

Country

Hillsborough

FILED

07 FEB -8 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/98

5. FEI Number

91-1923895

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

Gerald Sherbon

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

16204 OAKMANOR DR

Suite, Apt. #, Etc.

City

Tampa, Florida

State

FL

Zip Code

33624

400089292714

*02/27/07--01006--018 **1950.00*

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

Gerald Sherbon

REGISTERED AGENT MUST SIGN

Date *2/6/07*

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
<i>President</i>	<i>Gerald Sherbon</i>	<i>16204 OAKMANOR DR</i>	<i>Tampa, Florida, 33624</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 contained in Chapter 119, 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:

Gerald Sherbon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

Date

931 637 5643

Daytime Phone #