

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P 98000085901

1. Corporation Name

FRIENDLY FOOD #2, INC.

Principal Place of Business

Mailing Address

410 ATLANTIC AVE

NEPTUNE BEACH, FL-32266

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

8034 DEGAS COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL.

Zip

Country

Zip

Country

32277

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/07/98

5. FEI Number

65-0866974

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee is paid 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ZUBAIR, MOHAMMAD, H	8060 NW 96th TERR. Apt # 207	TAMARAC FL-33321 000003046350--9 -11/16/99--01096--008 ****750.00 ****750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name JUDITH D. CALIFANO

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

8030 DEGAS COURT

Suite, Apt. #, Etc.

City JACKSONVILLE

State FL

Zip Code

32277

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

Judith D. Califano

REGISTERED AGENT MUST SIGN

Date

10/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/99

Date

Daytime Phone #

(954) 721-4858

CR2001 (12/96)