

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR -4 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099159

1. Corporation Name

SKIPS Deli Inc.
~~Parrish's Inc.~~

2. Principal Office Address - No P.O. Box #

125 SW 6th ave

Suite, Apt. #, etc.

3. Mailing Office Address

6124 SW 150th Blvd

Suite, Apt. #, etc.

City & State

Lake Butler, FL

City & State

Lake Butler, FL

Zip

32054

Country

UNITED

Zip

32054

Country

UNITED

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-98

5. FEI Number

59-3545876

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

Myrtle E. Parrish

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

6124 SW 150th Blvd

Suite, Apt. #, Etc.

City

Lake Butler

State
FL

Zip Code
32054

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Myrtle E. Parrish

REGISTERED AGENT MUST SIGN

Date 2-7-08

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
P	Myrtle E. Parrish	6124 SW 150th Blvd	Lake Butler, FL 32054
S	Julie E. Williams	281 SW STEWART LOOP	Lake City, FL 32024

700119366667
03/04/08-01020-004 **308.75

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:

Myrtle E. Parrish

Myrtle E. Parrish

2-7-08

336-496-1686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #