

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

DOCUMENT # **P98000101655**

1. Corporation Name

**FINE FOODS INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**14426 MIDDLE FAIRWAY DRIVE  
SPRING HILL FL 34609**

**PO BOX 6056  
SPRING HILL FL 34611**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/04/1998**

5. FEI Number

**59-3546323**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	LEONI, FRED E	14426 MIDDLE FAIRWAY DR	SPRING HILL FL 34609
VP	LEONI, DAVID F	14426 MIDDLE FAIRWAY DR	SPRING HILL FL 34609
AST	FOTI, CORRINE	14426 MIDDLE FAIRWAY DRIVE	SPRING HILL FL 34609
VP	CHIECO, BERNARD	4210 33RD AVENUE NORTH	ST. PETERSBURG, FL 33713

8. Name and Address of Current Registered Agent

**LEONI, FRED E  
14426 MIDDLE FAIRWAY DR  
SPRING HILL FL 34609**

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**10/27/03**

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 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

Date

Daytime Phone #

**10/27/03**