

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 15 PM 4:49

DOCUMENT # P9900080502

**1. Corporation Name**

PopSProduce And BBQ Stand INC

**2. Principal Office Address**

52 Duck Pond Lane

Suite, Apt. #, etc.

City & State

Tallahassee Fla

Zip

32327

Country

Wakula

**3. Mailing Office Address**

52 Duck Pond Lane

Suite, Apt. #, etc.

City & State

Zip

32327

Country

Wakula

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3-4-1999

**5. FEI Number**

59-3680809

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

Cleveland L DICKENS

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

52 Duck Pond Lane

Suite, Apt. #, Etc.

Crawfordville Fla 32327

City

State  
**FL**

Zip Code

**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

Cleveland L Dickens

REGISTERED AGENT MUST SIGN

Date

11/15/02

**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
<u>P</u>	<u>CLEVELAND L DICKENS</u>	<u>52 Duck Pond Lane</u>	<u>Crawfordville Fla</u>
<u>VP</u>	<u>SHEILA MURRAY DICKENS</u>	<u>52 Duck Pond Lane</u>	<u>Crawfordville Fla</u>

400009037044  
11/18/02--01014--001 \*\*150.00

**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:**

Cleveland LAMAR DICKENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/02

Daytime Phone #

284-3445

CR2E081 (9/01)

To whom it may concern;

I: Cleveland Lamar Dickens did not receive a first or second notice on my corporation for the yr of 2002. Because we moved I don't know why.

Cleveland Lamar Dickens