

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 # P9900090502

1. Corporation Name  
Pop Produce And BBQ Stand INC

2. Principal Office Address  
52 Duck Pond Lane

3. Mailing Office Address  
52 Duck Pond Lane

Suite, Apt. #, etc.  
Tallahassee Fla

Suite, Apt. #, etc.  
Wakula

City & State  
Tallahassee Fla

City & State  
Wakula

Zip  
32327

Country  
Wakula

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  
CRAWFORDVILLE Fla

State  
**FL**

Zip Code  
32327

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 Date 11/15/02  
REGISTERED AGENT MUST SIGN

**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>

4000009037044  
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 11/15/02 284-3445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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