

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000022178

1. Corporation Name

Tobacco and Food Services, Inc.

W08-48565

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

1027 Park St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

3. Mailing Office Address

1027 Park St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

7. Name and Address of Current Registered Agent

Name

Christopher Maurice

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

1027 Park St.

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32204

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

*Christopher Maurice*

Date 10/15/2008

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P/S    | Christopher Maurice                  | 4728 Sappho Ave.                                  | Jacksonville, FL 32205 |
| V/T    | Herbert Elphick                      | 3510 Park St                                      | Jacksonville, FL 32205 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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:

CHRISTOPHER L MAURICE *Christopher Maurice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/08  
Date

(904) 598-5272  
Daytime Phone #

FILED

08 NOV -3 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200137165902  
10/22/08--01024--009 \*\*150.00

200137165902  
11/03/08--01073--013 \*\*150.00

REINSTATEMENT 07-08

4. Date Incorporated or Qualified  
To Do Business in Florida

3/9/1999

5. FEI Number-

593559808

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

11/4  
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