

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

page late

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99 0000 69014

1. Corporation Name

Specialty Foods Enterprises, Inc.

2. Principal Office Address

2200 Forsyth Road

Suite, Apt. #, etc.

E-33

City & State

Orlando, Florida

Zip

32807

Country

3. Mailing Office Address

2200 Forsyth Road

Suite, Apt. #, etc.

E-33

City & State

Orlando, Florida

Zip

32807

Country

000023668050  
10/09/03--01060--001 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

7/29/1999

5. FEI Number

59-3584231

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

Patricia A. Linde

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

2200 Forsyth Road, E-33

Suite, Apt. #, Etc.

City

Orlando, Florida

State  
FL

Zip Code  
32807

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

*Patricia A. Linde*

REGISTERED AGENT MUST SIGN

Date 10/8/03

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/D

Patricia A. Linde

2200 Forsyth Road, E-33

Orlando, FL 32807

UBR03 TS

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

*Patricia A. Linde*

Patricia A. Linde, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

Daytime Phone #

*P99000069074*

Specialty Foods Enterprises, Inc.  
2200 Forsyth Road E-33  
Orlando, FL 32807  
October 8, 2003

Corporation Reinstatement  
Florida Department of State  
409 East Gaines Street  
Tallahassee, FL 32399

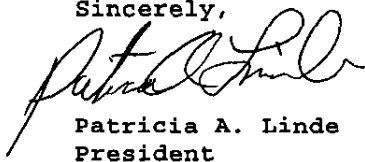
Re: P99000069074  
Specialty Foods Enterprises, Inc.

Dear sirs:

The address of the corporation changed in 2003 and we did not receive the original annual report form. Enclosed is a completed reinstatement form with the correct address and the fee of \$ 150.00 (dollars).

If you need any additional information, please let me know.

Sincerely,

  
Patricia A. Linde  
President

Enclosure