

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # P99000088685

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1. Corporation Name
 KENBRO FOODS, INC.

Principal Place of Business
~~7451 SKIPPER LANE~~ 240 Millcreek Ln.
 TALLAHASSEE FL ~~32311~~ 32308

Mailing Address
 3596 Vicksburg Ct.
~~7451 SKIPPER LANE~~
 TALLAHASSEE FL ~~32311~~ 32308



REINSTATEMENT *OU*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 2401 MILLCREEK LANE
 Suite, Apt. #, etc.
 TALLAHASSEE, FL
 City & State

3. New Mailing Office Address, If Applicable
 3596 Vicksburg Ct.
 Suite, Apt. #, etc.
 TALLAHASSEE, FL
 City & State

Zip 32308 Country
 Zip 32308 Country

4. Date Incorporated or Qualified To Do Business in Florida
 10/07/1999

5. FEI Number
 59-3601909

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Brian A. Smith	1269 Mosswood Chase	Tallahassee, FL 32308

600003496946--3
 -12/12/00--01045--027
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
 SMITH, KENTON W
~~7451 SKIPPER LANE~~ 3596 Vicksburg Ct.
 TALLAHASSEE FL ~~32311~~ 32308

9. Name and Address of New Registered Agent
 Name KENTON W. SMITH
 Street Address (P.O. Box Number is Not Acceptable)
 3596 Vicksburg Ct.
 Suite, Apt. #, Etc.
 City Tallahassee State FL Zip Code 32308

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.
 Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date 10/24/00

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]* AD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KENTON W. SMITH Date 10/24/00 Daytime Phone #

CR2E040 (8/00)