

**CORPORATION
REINSTATEMENT**



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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093278

1. Corporation Name

DELI-FRESH FOODS, INC.

2. Principal Office Address

2545 Estancia Blvd.

Suite, Apt. #, etc.

City & State

Clearwater Florida

Zip
33761

Country
USA

3. Mailing Office Address

3621 E. Bay Street

Suite, Apt. #, etc.

City & State

Duluth Georgia

Zip
30096

Country
USA

REINSTATEMENT 00

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

10/22/1999

SP

5. FEI Number

52-2201039

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

NATIONSCORP REGISTERED AGENTS, INC.

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

526 E. PARK AVE.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32301

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

Vincent A. Ciccarello
REGISTERED AGENT MUST SIGN

Date

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/C/D	Vincent A. Ciccarello	3621 E. Bay Street	Duluth GA 30096-4822
D	Kurt L. Malmgren	522 S. Independence Blvd.#104	Virginia Beach VA 23452
T/S/D	H. Wayne Knowles	3321 Alcott Road	Virginia Beach VA 23452

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:

Vincent A. Ciccarello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vincent A. Ciccarello

October 26, 2000

Date

770-331-1920

Daytime Phone #

CR2E081 (9/99)