

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLY  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

504292

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAY 30 AM 9:04

DOCUMENT # 504292

1. Corporation Name  
L&W Foods, Inc. of Perry Florida

Principal Place of Business Mailing Address  
1203 S. Bryon Butler Pkwy 202 Cypress Rd.  
Perry FL 32347 Perry, FL 32347

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10-1-1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-3037368	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PC	Lilah Buckhalter	202 Cypress Rd.	Perry, FL 32347
VST	Steve Buckhalter	6105 Redfield Circle	Tallahassee, FL
			900002200499--9
			-06/03/97--01112--006
			***1245.00 ***1245.00
			REINSTATEMENT 1994-1997
			(BK)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Lilah Buckhalter 202 Cypress Rd. Perry FL 32347		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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: Lilah Buckhalter  
REGISTERED AGENT MUST SIGN  
Date: 5-29-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Lilah Buckhalter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 5-29-97 904-584-5722  
Daytime Phone #

CR2ED40 (12/96)