PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1996 DEC 12 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S13784

1 Corporation Name ~~SAFFRONS FOOD INC.~~ SAFFRONS INC

1700 PARK str. North

Principal Place of Business / Mailing Address

St. Petersburg FL- 33710

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 11/13/90

5. FEI Number 59-3034230 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Edyth James	6501 34 TERR- N St. Petersburg FL-33710	St. Petersburg/ FL/33710
Treas	Adella Golden	3200 65WAY North	St. Petersburg FL/33710
Secr.	Leonard Henry	6501 34 TERR-N St. Petersburg FL- 33710	St. Petersburg/FL/33710
			900002035589--8
			~~12/20/96--01103--016~~
			****375.00 ~~****375.00~~
			REINSTATEMENT

8. Name and Address of Current Registered Agent

Edyth C. James

9. Name and Address of New Registered Agent

Name MARK MANCINO General Acc. Spec.

Street Address (P.O. Box Number is Not Acceptable) 601 5th Ave North

Suite, Apt. #, Etc.

City St. Petersburg | State FL | Zip Code 33701

CR2E045(2/95)

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 _____ REGISTERED AGENT MUST SIGN Date 11/22/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Edyth James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/13/90 Daytime Phone # (813) 522-1234 395-6400