

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

01 OCT 26 AM 11:14

DOCUMENT # **S35869**

1. Corporation Name

SCOTT'S IGA FOODLINER, INC.

Principal Place of Business

3067 MAIN ST.
COTTONDALE FL 32431
US

Mailing Address

PO BOX 589
COTTONDALE FL 32431
US



REINSTATEMENT 01

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 03/06/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3041086	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JORDAN, DAVID SCOTT	HIGHWAY 231 SOUTH	COTTONDALE FL
STD	JORDAN, KATHRYN S.	HIGHWAY 231 SOUTH	COTTONDALE FL
			200004698482--7 -11/29/01--01051--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

JORDAN, D. SCOTT
3067 MAIN STREET
COTTONDALE FL 31431

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code FL

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

David Scott Jordan

REGISTERED AGENT MUST SIGN

Date **10/22/2001**

AD

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:

David Scott Jordan **David Scott Jordan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/22/2001**

(850) 352-4512
Daytime Phone #

CR2E040 (8/01)