H010000112278 6

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 8 PM 12:21

CORPORATION REINSTATEMENT

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

DOCUMENT # S52971

1. Corporation Name

HOMETOWN FOODS OF POLK CITY, INC.

REINSTATEMENT 01

2. Principal Office Address		**3.** Mailing Office Address	
8040 Florida Boys Ranch Rd.		8040 Florida Boys Ranch Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Groveland, FL		Groveland, FL	
Zip	Country	Zip	Country
34736	US	34736	US

4. Date Incorporated or Qualified To Do Business in Florida 05/14/1991

5. FEI Number 59-2969997 ☐ 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
McLin, Mark I.

Street Address (P.O. Box Number is Not Acceptable)
8040 Florida Boys Ranch Road

Suite, Apt. #, Etc.

City	State	Zip Code
Groveland	FL	34736

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 _____ Date November 5, 2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D/P	McLin, Mark I.	8040 Florida Boys Ranch Rd.	Groveland, FL 34736
D/S/T	McLin, Pamela A.	8040 Florida Boyd Ranch Rd.	Groveland, FL 34736

AD

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: _____ November 5, 2001 (321) 663-8796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mark I. McLin, President

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000112278 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

CORPORATION REINSTATEMENT

HOMETOWN FOODS OF POLK CITY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00

Our reference number 14037/31552

Electronic Filing Menu Corporate Filing Public Access Help