

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG -4 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S58455

1. Corporation Name

Daidone Food Service

1100 linton blvd
1100 Linton Blvd

2. Principal Office Address

1100 linton blvd

3. Mailing Office Address

1100 Linton Blvd

Suite, Apt. #, etc.

C3

Suite, Apt. #, etc.

C3

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

USA

Zip

33444

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 6/11/04**

5. FEI Number
65-0263455

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300039538973
07/26/04--01075--004 **2400.00

REINSTATEMENT 93-04

7. Name and Address of Current Registered Agent

Name

John Daidone

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

9743 Parkview Ave

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

REGISTERED AGENT MUST SIGN

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
Pres	John Daidone	9743 Parkview Ave	Boca Raton, FL 33428
V.P.	Margaret Daidone	9743 Parkview Ave	Boca Raton, FL 33428

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/04 561 2764553

CR2E081 (07/04)