

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 JUL 21 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59503

1. Corporation Name

BOZIKIS FOODS, INC.

Principal Place of Business

Mailing Address

**1925 Tiptree Circle
Orlando, FL 32837**

**1925 Tiptree Circle
Orlando, Florida 32837**

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

May 10, 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3075991

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	George Bozikis	1925 Tiptree Circle	Orlando, Florida 32837
S/T/D	Spiro Bozikis	1925 Tiptree Circle	Orlando, Florida 32837
			200002247872--9 -07/25/97-01068-002 ***\$15.00 ***\$15.00
			REINSTATEMENT 96-97 G. Alon 7/21/97

8. Name and Address of Current Registered Agent

**William P. Weatherford, Jr., Esq.
1031 West Morse Blvd, Suite 200
Winter Park, Florida 32789**

9. Name and Address of New Registered Agent

Name
William P. Weatherford, Jr., Esq.

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

1031 West Morse Blvd.

Suite, Apt. #, Etc.

Suite 105

City

Winter Park

State

FL

Zip Code

32789

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **July 16, 1997**

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:

[Signature]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 1997

Date

407.826-6382

Daytime Phone #

CR2E040 (12/96)