

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 JUN -2 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

581580

1. Corporation Name **Turbeville Food Products Corporation**  
7402 North 56th Street  
Suite: 904  
Tampa Florida 33617

Principal Place of Business Mailing Address  
7402 N 56th Street P.O. Box 290153  
Tampa Florida 33617 Tampa Florida 33687

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or To Do Business in Florida \*\*\*\*\*8.75 \*\*\*\*\*8.75  
Sep. 20, 1991

5. FEI Number

Applied For

59-286-0661

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)

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
P	Virginia F. Turbeville	411 Biltmore Ave	Tampa Florida 33617
VP	Thomas J. Turbeville	11308 Linarbor Place	Tampa Florida 33617

REINSTATEMENT

96.97

6-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Hartman And Hartman C.P.A.'s P.A  
Certified Public Accountants  
8894 North 56th Street  
Temple Terrace Florida 33617

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 *Peter J. Hartman*  
REGISTERED AGENT MUST SIGN

Date 5/29/97

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: *Thomas J. Turbeville*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/97

Date

800-346-3177

Daytime Phone #