

PLEASE READ ALL INSTRUCTIONS BEFORE (

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Sep 23 1996 8:00 am

Secretary of State

DOCUMENT # V04805

1. Corporation Name

BALL PARK FOOD SERVICES, INC.

Principal Place of Business

% WOLFSON PARK  
1201 E. DUVAL STREET  
JACKSONVILLE FL 32202

Mailing Address

% WOLFSON PARK  
1201 E. DUVAL STREET  
JACKSONVILLE FL 32202

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 Qualified  
To Do Business in Florida

01/06/1992

5. FEI Number

59-3106915

Applied For

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
PTS	BRAGAN, BONITA	% 1201 E. DUVAL ST	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

PAUL, HERMAN S.  
2468 ATLANTIC BLVD.  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name BONITA BRAGAN  
Street Address (P.O. Box Number is Not Acceptable)  
1201 E. DUVAL ST.  
Suite, Apt. #, Etc.

City JACKSONVILLE

State FL

Zip Code 32202

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

Bonita Bragan

REGISTERED AGENT MUST SIGN

Date 9-19-96

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:

Bonita Bragan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-96 904-358-2846

Date

Daytime Phone #

CR2E040 (7/96)