

**CORPORATION
REINSTATEMENT**



FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V57371

1. Corporation Name

LETTUCE FEED YOU, INC.

2. Principal Office Address
2736 Edison Avenue

Suite, Apt. #, etc.

3. Mailing Office Address
2736 Edison Avenue

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip 33901

Country
USA

Zip 33901

Country
USA

REINSTATEMENT

QB-18D

4. Date Incorporated or Qualified To Do Business in Florida 8/10/92

5. FEI Number
65-0364059

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
William H. Barnwell

Street Address (P.O. Box Number is Not Acceptable)
2736 Edison Avenue

Suite, Apt. #, Etc.

City
Fort Myers

State	Zip Code
FL	33901

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

 REGISTERED AGENT

Date 9/22/2000

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
D	William H. Barnwell	2736 Edison Avenue - ————	Fort Myers, FL 33901-
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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:

William H. Samuel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/2000

Date _____

Daytime Phone #

CR2E081 (9/99)