


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 NOV 15 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60095**

1. Corporation Name
Coneh Republic Chicken Corp
~~Mike Kenny Papers~~

2. Principal Office Address 1550 Southern Blvd.		3. Mailing Office Address Same	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State	
Zip 33406	Country Palm Beh	Zip	Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida **8-24-92**

5. FEI Number **65-0366411** 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 **Corporation Service Company** **400003487304-8**

Street Address (P.O. Box Number is Not Acceptable) **1201 Hays street** **12/05/00-01043-03**
******758.75 ****758.75**

Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32301**

8. I, being appointed the registered agent by the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

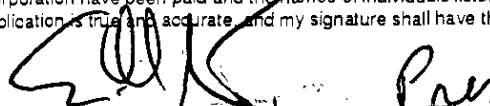
Signature of Registered Agent **Deborah D. Skipper** **as its agent** Date **11-14-00**

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.	ERIC A. Peterson	1550 Southern Blvd, Ste 300	W. Palm Bch FL 33406
Sec	ERIC A. Peterson	1550 Southern Blvd, Ste 300	W. Palm Bch FL 33406
VP/	Shane Peterson	1550 Southern Blvd Ste 300	W. Palm Bch FL 33406
Treas			

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:  **Eric A. Peterson** Date **11/14/00** Daytime Phone # **561-686-5005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR