

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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FILED

97 MAY -5 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Big Plover Foods, INC.

Principal Place of Business

Mailing Address

1746 Espanola Dr.
Miami, FL 33133
USA

P.O. Box 331597
Coconut Grove, FL
33233 USA

filed as A/R
1996 + 1997
mwb

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33133

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0384688

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	RAICHLEN, Steven	1746 Espanola Dr.	Miami, FL 33133

200002173302--5
-05/09/97--01101--005
****365.00 ****365.00

8. Name and Address of Current Registered Agent

Robert Freeman PA
2601 S. Bayshore Dr.
Suite 1425
Miami, FL 33133

9. Name and Address of New Registered Agent

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

Robert Freeman PA
REGISTERED AGENT MUST SIGN

Date April 26, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Raichlen

March 11, 1997

tel 305-854-9717

CR2E040 (12/96)

BIG-FLAVOR
FOODS, INC.

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Post Office Box 6327
Tallahassee, FL 32314

attention: Reinstatement Department

April 13, 1997

Dear Sirs:

Due to the mailing error, we did not receive any reports from you.

As per my conversation with Marie Bartlett, I am sending you a check for \$365 to cover the cost of reinstatement.

Please note for future correspondence that our correct address is:

Big Flavor Foods, Inc.
Post Office Box 331597
Coconut Grove, FL 33233

Thank you very much.

Very sincerely,



Steven Raichlen
President