

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 17 PM 4:17

DOCUMENT # F99000003052

1. Corporation Name

Le Petit Bistro, Inc (Georgia)

REINSTATEMENT 00-04

2. Principal Office Address

1725 Corporate Dr Same as office

3. Mailing Office Address

Same as office

Suite, Apt. #, etc.

Suite # 335

Suite, Apt. #, etc.

City & State

Norcross, GA

City & State

Zip

30093

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

700030245707  
03/10/04--01068--021 \*\*1358.75

5. FEI Number

58-2205976

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

Mike Faraj

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

4163 North Haverhill

Suite, Apt. #, Etc.

Apt. # 1206

City

West Palm Beach

State

FL

Zip Code

33417

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 MUST SIGN

Date

2/24/04

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
GE.O	Ali M. Kabiri	120 Riley Ridge Rd.	Atlanta, GA 30327
SE.O	Ali M. Kabiri	120 Riley Ridge Rd.	Atlanta, GA 30327
Secret	Ali M. Kabiri	120 Riley Ridge Rd.	Atlanta, GA 30327

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:

Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3117 20

CR2ED01 (01/04)