

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P 93000079851

**1. Corporation Name**

ROSA / LEE FOOD SERVICE CO.

**2. Principal Office Address**

1900 TAMiami TR 116-A  
Suite, Apt. #, etc.

**3. Mailing Office Address**

1900 TAMiami TR 116-A  
Suite, Apt. #, etc.

**REINSTATEMENT**

99.00

**City & State**

PORT CHARLOTTE FL  
Zip 33948 Country CHARLOTTE

**City & State**

PORT CHARLOTTE FL  
Zip 33948 Country CHARLOTTE COUNTY

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/8/94

**5. FEI Number**

05-0455471

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 BEONG NAM LEE  
Street Address (P.O. Box Number is Not Acceptable)  
18431 LAMONT AVE  
Suite, Apt. #, Etc.  
City PORT CHARLOTTE  
State FL Zip Code 33948

**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 Beongnam Lee  
REGISTERED AGENT MUST SIGN

Date 2.24.2000

**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
DIRECTOR	BEONG NAM LEE	18431 LAMONT AVE	PORT CHARLOTTE FL 33948
DIRECTOR	JOUNG SOOK LEE	18431 LAMONT AVE	PORT CHARLOTTE FL 33948
			500003197015-0 -04/05/00-01074-020 ****900.00 ****900.00
			AD

**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:**

Beongnam Lee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.24.2000  
Date

941-255-1119  
Daytime Phone #

CR2E081 (9/99)