

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION FOR REINSTATEMENT

FILED

07 JAN 13 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 18792

1. Corporation Name  
Bon Appetit of South Florida  
W910-24118

Principal Place of Business Mailing Address  
8825 S.W 97 Terr  
Miami, Fla. 33176

**REINSTATEMENT 94-97**

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

2. New Principal Office Address, If Applicable <u>8825 SW 97 Terr</u> Suite, Apt. #, etc.	3. New Mailing Address, If Applicable <u>8825 S.W. 97 Terr.</u> Suite, Apt. #, etc.
City & State <u>Miami FL</u>	City & State <u>Miami Fla.</u>
Zip <u>33176</u> Country <u>USA</u>	Zip <u>33176</u> Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida  
12-17-90

5. FEI Number  
65-0233621 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Mohammad Hajjar	8825 SW 97 Terr	Mia FL 33176
Vice President	Susan Hajjar	" " "	" " "
			600002060776--2 -01/16/97--01094--003 ***1245.00 ***1245.00

8. Name and Address of Current Registered Agent

Wayne H. Kassner Esq.  
7700 N. Kendall Dr. #803  
Miami FL 33156

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
7700 N. Kendall  
Suite, Apt. #, Etc.  
803  
City  
MIAMI State  
FL Zip Code  
33156

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 [Signature] REGISTERED AGENT MUST SIGN Date 11/4/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: S Hajjar Susan Hajjar 11/4/96 305 596 0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25040 (12/95)