PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

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

DOCUMENT # S18792

1. Corporation Name
Bon Appetit of South Florida
W96-24118

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.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
8825 SW 97 Terr	8825 S.W. 97 Terr.	12-17-90
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0233621 — Applied For / Not Applicable
City & State: Miami Fl	City & State: Miami Fla.	6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip: 33174 Country: USA	Zip: 33174 Country: USA	

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
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. Rassner 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] Date: 11/4/96
REGISTERED AGENT MUST SIGN

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 0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)