

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000006511

1. Corporation Name

CRESCENT FOOD SALES, INC.

Principal Place of Business

3220 S.W. 2ND AVE.
FT. LAUDERDALE FL 33315

Mailing Address

3220 S.W. 2ND AVE.
FT. LAUDERDALE FL 33315

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

2. New Principal Office Address, If Applicable

Suite 100
1975 East Sunrise Blvd
City & State
Ft. Lauderdale Florida
Zip 33304 Country U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1975 East Sunrise Blvd. Suite 100
City & State
Ft. Lauderdale Florida
Zip 33304 Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

5. FEI Number

22-2497525

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	4 City / State / Zip
CDPT	STAVITSKY, JEFFREY	2480 LEMONE AVE. 555 RT. 1 SOUTH	FT. LEE NJ 07024 ISELIN, N.J. 08830
SW	DIPASQUALE, DILIO	2480 LEMONE AVE. 555 RT. 1 SOUTH	FT. LEE NJ 07024 ISELIN, N.J. 08830

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*****750.00 *****750.00

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8. Name and Address of Current Registered Agent

KLIGER, GENE
3220 S.W. 2ND AVE.
FT. LAUDERDALE FL 33315

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1975 East Sunrise Blvd. Suite 100
Suite, Apt. #, Etc.
100
City
Fort Lauderdale
State
FL
Zip Code
33304

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

Gene Kliger
REGISTERED AGENT MUST SIGN

Date

10/19/99

11. 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:

Gene Kliger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

Date

732-464-1046

Daytime Phone