

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 JAN 30 PM 12:27

DOCUMENT # 408625

1. Corporation Name

Food Spot #25, Inc.

2. Principal Office Address

9990 SW 77 Avenue

Suite, Apt. #, etc.

200

City & State

Miami

Zip

33156

Country

USA

3. Mailing Office Address

9990 SW 77 Avenue

Suite, Apt. #, etc.

City & State

Miami

Zip

33156

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 12, 1972

5. FEI Number

591418484

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

Bruce Wilner

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

9990 SW 77 Avenue

Suite, Apt. #, Etc.

200

City

Miami

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

11/29/04

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
PD	Harris, Larry J	9990 SW 77 Avenue Suite 200	Miami, FL 33156
EXVP	Wilner, Bruce S	9990 SW 77 Avenue Suite 200	Miami, FL 33156
S	Harris, Dolores	9990 SW 77 Avenue Suite 200	Miami, FL 33156

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BVP

11/29/04

305 4984984

CR2E081 (10/02)