

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **697861**

1. Corporation Name

**MIAMI PALM RESTAURANT, INC.**

Principal Place of Business

Mailing Address

9650 E. BAY HARBOR DR.  
BAY HARBOR ISL FL 33154

9650 E. BAY HARBOR DR.  
BAY HARBOR ISL FL 33154

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**

03 OCT 28 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/1981

5. FEI Number

59-2142382

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	BOZZI, BRUCE	1511 GULF OF MEXICO DRIVE #2N	LONGBOAT KEY FL
DV	LONGO, JAMES A	900 PARK AVE	FALLS CHURCH VA
AS	GANZI, VICTOR F	959 8TH AVE 2ND FL	NEW YORK, N Y 00000
DV	THIMM, ALFRED L	3908 MACOMB ST. NW	WASHINGTON DC
SDT	GANZI, WALTER J JR	3246 BANKS MILL RD	AIKEN SC
300024396253 11/04/03--01014--010 **750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE**  
*Connie Bryan*

**CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date **10/28/2003**

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:

*James A. Longo*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**JAMES A. LONGO**

**10/27/03**

Date

**202-775-7256**

Daytime Phone #

CR2E040 (7/03)