

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 MAR -2 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **341373**

1. Corporation Name

V. Ila Fontana, Inc.

Fla # 341373

2. Principal Office Address

**12150 SW 92nd Ave
Miami, Fla 33176**

3. Mailing Office Address

12150 SW 92nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla

City & State

Miami Fla

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/01/69

5. FEI Number

59-1232318

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

Daniel B. Lazer

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

11110 N Kenball Dr

Suite, Apt. #, Etc.

200

City

Miami

State
FL

Zip Code

33176

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/28/00**

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
Pres (P)	Harold Kahn	18051 Biscayne Blvd.	D. Miami, Fla. 33160
Sec (S) Treas (T)	Sylvia Lazarowitz	12150 SW 92nd Ave	Miami, Fla 33176
D	Lester Lazer	12150 SW 92nd Ave	Miami, Fla 33176

REINSTATEMENT

[Signature]

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: **x Harold Kahn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Harold Kahn

Date **2/28/00**

305 931 3943

Date

Daytime Phone #

CH2E081 (9/99)