PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -5 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

300007632163--4
-09/10/02--01042--002
***1658.75 ***1658.75

DOCUMENT # 389677

**1.** Corporation Name

Pumpernik's of Hallandale, Inc.

REINSTATEMENT 96-02

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 1351 SW 141 Avenue | Same as Principal |
| Suite, Apt. #, etc.: Apartment 114 | Suite, Apt. #, etc.: |
| City & State: Pembroke Pines, FL | City & State: |
| Zip: 33027 / Country: Broward | Zip: / Country: |

**4.** Date Incorporated or Qualified To Do Business in Florida: 10-13-1971

**5.** FEI Number: 591366526 ☐ 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: Donald A. Yarbrough, Esq.

Street Address (P.O. Box Number is Not Acceptable): 2601 East Oakland Park Boulevard

Suite, Apt. #, Etc.: Suite 402

City: Fort Lauderdale | State: FL | Zip Code: 33306

**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: 8/23/02

CR2E081 (9/01)

**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 | Aaron Brown | 7552 NW 71 Terrace | Parkland, FL 33067 |
| | | | |
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**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:** Aaron Brown Aaron Brown, President 9/1/02 954-537-2000

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

jf 9/5/02