

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1996 SEP 20 AM 9: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 557084**

1. Corporation Name

**MIN-NAN FOOD SERVICE, INC.**

Principal Place of Business

1680 NW 2ND AVE  
MIAMI FL 33169  
US

Mailing Address

8783 NW 75 CT  
TAMARAC FL 33321  
US

*INCORRECT*

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

*8783 N.W. 75 COURT  
TAMARAC  
FLA 33321  
33321 US*

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1978

5. FEI Number

59-1790047

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SCHWARTZ, IRWIN	8783 NW 75 CT	TAMARAC FL
TD	SCHWARTZ, MINDY <i>ANGRESS</i>	8783 NW 75 CT	TAMARAC FL
PD	SCHWARTZ, FLORENCE	8783 NW 75 CT	TAMARAC FL
			800001955518 -09/24/96--01167--046 ****200.00 ****200.00

*MARRIAGE CERTIFICATE ENCLOSED*

*NSD  
9/23/96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWARTZ, IRWIN  
8783 NW 75 CT  
TAMARAC FL 33321

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.

Signature of Registered Agent

*Irwin H. Schwartz*  
REGISTERED AGENT MUST SIGN

Date

*9/17/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*Mindy Angress*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96 305-945-2621  
Date Daytime Phone

CR2040 (7/96)