

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 JUN 18 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F 19388**

1. Corporation Name

NANCY'S TAKE OUT & CATERING INC

7104000023433

2. Principal Office Address

14446 N.W. 7 AVE

3. Mailing Office Address

14446 N.W. 7 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33168

Country

USA

Zip

33168

Country

USA

800038358268

06/28/04--01066--012 **1358.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-12-1981

5. FEI Number

59-2109420

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

NANCY A. SMITH

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

7211 ALHAMBRA BLVD

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

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

Nancy A. Smith
REGISTERED AGENT MUST SIGN

Date

6/15/04

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
P/D	NANCY A. SMITH	7211 ALHAMBRA BLVD	MIRAMAR FL 33023
D	MARK H. MATTIS	7211 ALHAMBRA BLVD	MIRAMAR FL 33023

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:

Nancy A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/15/04

Daytime Phone #

CR2E081 (9/00)