

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 29 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003674

1. Corporation Name

PTX FOOD CORP.

Principal Place of Business

Mailing Address

2269 SAW MILL RIVER ROAD  
P.O. BOX 108 BLDG. #2, FL. #2  
ELMSFORD NY 10523

2269 SAW MILL RIVER ROAD  
P.O. BOX 108 BLDG. #2, FL. #2  
ELMSFORD NY 10523

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2706723

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
C	SILVERMAN, MARVIN	100 LAKE SHORE DR. #1654	N. PALM BEACH FL 33408
S	SILVERMAN, PHYLLIS	100 LAKE SHORE DR. #1654	N. PALM BEACH FL 33408
V	BUTEAU, AMY	1604 EAGLE BAY DR	OSSINING NY 10562 LS
P	BEN-ONI, ZEEV	<del>8609 DON CARLOS</del> 8669 DON CAROL	EL CERRITO CA 94530
			100004883231--4 -02/06/02--01051--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVERMAN, MARVIN  
100 LAKE SHORE DR., #1654  
N. PALM BEACH FL 33408

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/17/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/01

CP2E040 (8/01)