

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 31 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003977

1. Corporation Name

TERRACE FOOD GROUP, INC.

Principal Place of Business

1351 N.W. 22ND STREET
POMPANO BEACH FL 33069
US

Mailing Address

1351 N.W. 22ND STREET
POMPANO BEACH FL 33069
US

If above addresses are incorrect in any way, line through incorrect 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

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1995

5. FEI Number

65-0594270

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 non-profit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	SHULMAN, STEVEN	1351 N.W. 22ND STREET	POMPANO BEACH FL 33069
EVSD	LASKO, JONATHAN S	1351 N.W. 22ND STREET	POMPANO BEACH FL 33069
T	RODRIGUES, WILLIAM P JR	1351 N.W. 22ND STREET	POMPANO BEACH FL 33069
D	POWER, RICHARD	1351 N.W. 22ND STREET	POMPANO BEACH FL 33069
D	SEIGEL, FRED A	1351 N.W. 22ND STREET	POMPANO BEACH FL 33069
D	ABOUKHATER, HOUSSAM T	1351 N.W. 22ND STREET	POMPANO BEACH FL 33069

8. Name and Address of Current Registered Agent

RODRIGUES, WILLIAM P JR
1351 N.W. 22ND STREET
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

Jonathan Lasko

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

1351 NW 22nd Street

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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 10/30/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00 954-917-7272
Date Daytime Phone #

CR2E040 (8/00)