

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000004903

1. Corporation Name

DANIELLA'S CAROUSEL CAFE, INC.

DANIELLA'S RESTORANTE, INC.

Principal Place of Business

Mailing Address

29410 NORTHWESTERN HIGHWAY
SOUTHFIELD MI 48034

29410 NORTHWESTERN HIGHWAY
SOUTHFIELD MI 48034

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

2. New Principal Office Address, If Applicable

10000 MARTIN LUTHER KING
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

RT 3 BOX 114
Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip 32653

Country USA

City & State

GAINESVILLE FL

Zip 32653

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1997

5. FEI Number

38-3363398

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	CHAVEZ, MANUEL II	29410 NORTHWESTERN HIGHWAY	SOUTHFIELD MI 48034
VSD	CHAVEZ, LORRI	29410 NORTHWESTERN HIGHWAY	SOUTHFIELD MI 48034

PLEASE SEND ALL CORRESPONDENCE TO ADDRESS IN BLOCK #2

STATEMENT 98-99

Penalty Fee Waived

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

954 473-5503

Name

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

Suite, Apt. #, Etc.

City

9. Name and Address of Registered Agent

100002797321-2

03/08/99-01002-008

****335.00 ****300.00

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

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

Date

12/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

MANUEL CHAVEZ

MANUEL CHAVEZ

11/30/98

Date

TLL MAR 8 1999

904 418 2077

Daytime Phone #