PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUN 23 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G-19646

1. Corporation Name
SABRETT Concessions, Inc.

Principal Place of Business
11047 S.W. 139 place
Miami, Fla 33186

Mailing Address
11047 SW 139 place
Miami, Fla
33186

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
JAN 1983 ?

5. FEI Number
59-2256490
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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Howard Horowitz	11047 SW 139 Place Miami, Fla	Miami, Fla 33186
Sec/Tres	Janet Horowitz	11047 SW 139 place Miami, Fla	Miami, Fla 33186
			200002572782--5 -06/25/98--01093--011 ***1050.00 ***1050.00
		REINSTATEMENT	96-98
			SL 6-23-98

8. Name and Address of Current Registered Agent
Howard Horowitz
11047 SW 139 Place
Miami, Fla 33186

9. Name and Address of New Registered Agent
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 Howard Horowitz
REGISTERED AGENT MUST SIGN
Date 5/15/98

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: Howard Horowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 5/15/98
Daytime Phone # (305)-2217929

CR2E040 (1/98)