

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 # **J26993**

1. Corporation Name
CHARLIE'S PASTRIES, INC.

FILED

97 OCT 27 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3430 NW 16TH STREET
SUITE 10
LAUDERHILL FL 33311
US**

Mailing Address
**3430 NW 16TH STREET
SUITE 10
LAUDERHILL FL 33311
US**



REINSTATEMENT 97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/31/1986	
City & State		City & State		5. FEI Number 59-2696890	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ODP	BOOTHE, CHARLES E.	3701 NW 25TH ST	LAUDERDALE LAKES FL
V	BOOTHE, PATTRECA	3701 N.W. 25TH STREET	LAUDERDALE LAKES FL

700002332747-4
-10/29/97-01088-008
*****758.75 *****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOOTHE, CHARLES E. 3430 NW 16TH STREET SUITE 10 LAUDERHILL FL 33311	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 Charles E. Boothe
REGISTERED AGENT MUST SIGN

Date 10/23/97

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: Charles E. Boothe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/97 (954) 587-8828
Date Daytime Phone #