

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # **J50434**

1. Corporation Name

**CHE PASTA, INC.**

99 OCT 19 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

401 BISCAYNE BLVD  
SUITE 208  
MIAMI FL 33132

Mailing Address

401 BISCAYNE BLVD  
SUITE 208  
MIAMI FL 33132

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/24/1986

5. FEI Number

59-2769709

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HAKIM, DANY C	670 NE 114TH ST.	BISCAYNE PARK FL 33161

300003027293-1  
-10/28/99--01002--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

AZRI, DAVID T  
44 W. FLAGLER ST.  
SUITE 2060  
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name **CARLA HAKIM**  
Street Address (P.O. Box Number is Not Acceptable)  
**4830 W. PARK RD**  
Suite, Apt. #, Etc. **#208**  
City **Hollywood** State **FL** Zip Code **33021**

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

REGISTERED AGENT MUST SIGN

Date

10/14/99

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 #

10/14/99 305899-0611

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Oct. 14th, 1999

Che Pasta, Inc.  
401 Biscayne Blvd S-208  
Miami, Fl 33132

To Whom it may Concern,

The reason why last year we didn't send the application for Corporation on time because you have the wrong suite. it's S-208.  
Please accept our apology, we send it as soon as we received it.

Sincerely,

  
Dany Hakim