

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 18 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J95615

1. Corporation Name

Biamonte's of Key West, Inc.

2. Principal Office Address

1223 WHITE STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

USA

3. Mailing Office Address

1460 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 212

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

1-0/05/1987

5. FEI Number

65-0007027

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL CHOLOBEL

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

1460 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 212

City

MIAMI

State
FL

Zip Code

33040

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Cholobel
REGISTERED AGENT MUST SIGN

Date 05/05/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JORDAN, WILLIAM	1075 DUVAL STREET, C1	KEY WEST, FL 33040

10. 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:

William Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM JORDAN

05/05/2000

Date

Daytime Phone #