

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **K53238**
1. Corporation Name **I & S RESTAURANT GROUP, INC.**

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable
C/O ERIC GLAZER, P.A.
Suite, Apt. #, etc.
1920 E. HALLANDALE BCH BLVD.
City & State
SUITE 806 HALLANDALE, FL
Zip
33009 Country
BROWARD

3. New Mailing Office Address, If Applicable
C/O ERIC GLAZER, P.A.
Suite, Apt. #, etc.
1920 E. HALLANDALE BCH BLVD
City & State
SUITE 806 HALLANDALE, FL
Zip
33009 Country
BROWARD

4. Date Incorporated or Qualified To Do Business in Florida **12/22/88**

5. FEI Number ☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	IRA ASHWAL	C/O ERIC GLAZER, P.A. 1920 E. HALLANDALE BCH BLVD	SUITE 806 HALLANDALE, FL. 33009
V. P.	SYLVIA ASHWAL KRAEMER	C/O ERIC GLAZER, P.A. 1920 E. HALLANDALE BCH BLVD.	SUITE 806 HALLANDALE, FL 33009
			400002905224--4 -06/15/99--01070--011 *****8.75 *****8.75
			400002905224--4 -06/15/99--01070--012 ***1800.00 ***1800.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **ERIC GLAZER, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1920 E. HALLANDALE BEACH BLVD.
Suite, Apt. #, Etc.
806
City **HALLANDALE** State **FL** Zip Code **33009**

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 **5/28/99**

11. This corporation owes 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:  **IRA ASHWAL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/99 **9544574432**
Date Daytime Phone #

KH

CR2E081 (12/98)