

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 DEC 10 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53238

1. Corporation Name

I + S RESTAURANT GROUP, INC
C/O JOSEF ASHWAL

2. Principal Office Address

APT
4001 S. OCEAN DR 5L

Suite, Apt. #, etc.

APT 5L

City & State

Hollywood FL

Zip

33019

Country

Hollywood

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1988

5. FEI Number

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

JOSEF ASHWAL

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

4001 S. OCEAN DR.

Suite, Apt. #, Etc.

5L

City

Hollywood

State
FL

Zip Code

33019

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

REGISTERED AGENT MUST SIGN

Date

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	ASHWAL, IRA	4001 S. OCEAN DR. APT 5L	Hollywood FL 33019
VP	KRASNER, Ashwal, Sylvia	4001 S. OCEAN DR APT 5L	Hollywood FL 33019

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****308.75 ****308.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IRA ASHWAL PRES

1/95/457-2699

12/19/01

JGJ2

To whom it may Concern!

We never Received any paper work, & did not know when it was overdue.

We did not speak to the attorney that handled this for over 2 years.

Thank you
Joseph Aschwal

Wilton Manors Car Wash, Inc.
3913 NE 21st Avenue #2
Ft. Lauderdale, FL 33308

December 7th 2001

202

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
Tallahassee, FL 32314

Our Corporation attempted to file the required forms for the State and they were rejected
due to missing information on the form and the letter stating this was never received by
my office and the 2nd notice was never received either. This may be due to a change of
address around that time. I have the proper forms filled out and am now requesting your
office reinstate our corporate entity and also provide a certificate of status for the
corporation and waive all penalty charges.

Sincerely,

 Dir./Sec. 12/7/01

Stephen P. Smith, Jr., Director/Secretary