

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L09187

1. Corporation Name

PHONE CHEFS, INC.

Principal Place of Business

Mailing Address

9075 S.W. 87 AVE
STE. 402
MIAMI FL 33176

9075 S.W. 87 AVE
STE. 402
MIAMI FL 33176

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

9075 S.W. 87 AVE

9075 S.W. 87 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

405

405

City & State

City & State

MIAMI, FLA

MIAMI, FLA

Zip

Zip

33176

33176

Country

MIAMI - DADE

Country

MIAMI - DADE

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1989

5. FEI Number

65-0135858

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TOBON, GUS	13873 S.W. 102 TERR	MIAMI FL

100003811031--7
-03/07/01--01107--020
****900.00 ****900.00

REINSTATEMENT 06-0 1178

8. Name and Address of Current Registered Agent

TOBON, GUS
9075 S.W. 87 AVE. #402
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

GUS A. Tobon

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

13873 S.W. 102 TERR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2/20/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 (305) 496-6573
Date Daytime Phone #