

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L52038**

1. Corporation Name

LAS OLAS CAFE, INC.

Principal Place of Business

Mailing Address

922 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

922 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2997842

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	PACE, PAULA	6150 NE 33RD TERRACE	FT LAUDERDALE FL 33309
VPD	MYERS, DIANE	440 NE 8TH AVE	FT LAUDERDALE FL 33301

600023781196
10/14/03--01018--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ITKIN, PERRY S ESQ.
106 S.E. 9TH STREET
FT. LAUDERDALE FL 33316

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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:

Paula Pace Paula Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03 (954)524-4300
Date Daytime Phone #

CR2E040 (7/03)

Las Olas Café

922 East Las Olas Boulevard
Fort Lauderdale, Florida 33301
954.524.4300

October 20, 2003

To: Florida Department Of State
Division Of Corporations

RE: Letter Number 203A00056212

Attn: Justin M. Shivers

As per your instructions and our conversation today I am writing you this letter to let you know that I never received a bill at the beginning of the year to renew my corporate papers.

I am requesting a waiver on the additional \$600.00.

Sincerely,

Paula Pace
President