

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M20821

1. Corporation Name

PAPPA RICCO'S INC.

Principal Place of Business

14415 S. DIXIE HWY.  
MIAMI FL 33176

Mailing Address

14415 S. DIXIE HWY.  
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		4. Date Incorporated or Qualified To Do Business in Florida 09/19/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2585702	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

08

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
PD	<del>SALEHI, HAMID</del> FARAJE, ALI	<del>7745 S.W. 88 ST., #D413</del> 11431 S.W. 110 Lane	MIAMI FL 33176

900002708429--3  
-12/10/98--01008--022  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALEHI, HAMID  
14415 S. DIXIE HWY.  
MIAMI FL 33176

Name ALI FARAJE  
Street Address (P.O. Box Number is Not Acceptable)  
11431 S.W. 110 Lane  
Suite, Apt. #, Etc.  
City Miami State FL Zip Code 33176

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 11/30/98

11. This corporation owes or has paid 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: *[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/30/98 Daytime Phone # 305-253-6511

CR2E040 (9/98)