

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 4:26

DOCUMENT # N95000003744

1. Corporation Name

AMANDO A SU PUEBLO ISRAEL, INC.

Principal Place of Business

996 SEQUOIA COURT
WINTER SPRINGS FL 32708

Mailing Address

996 SEQUOIA COURT
WINTER SPRINGS FL 32708

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

2. New Principal Office Address, If Applicable

1044 TAMAJU

Suite, Apt. #, etc.

City & State

ORLANDO, FLA

Zip

Country

3. New Mailing Office Address, If Applicable

8703 GRANDEE DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FLA

Zip

Country

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1995

5. FEI Number

59-3424298

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	PAVLIC, DAVID G	996 SEQUOIA COURT 8703 GRANDEE DR.	WINTER SPRINGS FL 32708 ORLANDO, FL 32829
D	PAVLIC, NATALIE	996 SEQUOIA COURT 8703 GRANDEE DR.	WINTER SPRINGS FL 32708 ORLANDO, FL 32829
D	PAVLIC, DAVID D	996 SEQUOIA COURT 8105 STRADA	WINTER SPRINGS FL 32708 ORLANDO, FL 32829
			700003474797--5 -11/27/00--01001--017 ****358.75 ****358.75

8. Name and Address of Current Registered Agent

PAVLIC, DAVID G
996 SEQUOIA COURT
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name

DAVID G. PAVLIC

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

8703 GRANDEE DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32829

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 5/3/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/00 407 282 3581

Daytime Phone #

CR2E040 (9/98)