

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 13 AM 8:08

DOCUMENT # P00000022685

1. Corporation Name

EAST BOCA RIB CORPORATION

Principal Place of Business

Mailing Address

1208 62 NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

1208 62 NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2000

5. FEI Number

06-1039298

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	MINTZ, ROBERT	1208 62 NEWPORT CENTER DRIVE	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURNETT, SHELDON J
367 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Name

ROBERT MINTZ

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

1208 WEST NEWPORT CENTER DR

Suite, Apt. #, Etc.

100

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

Robert Mintz

REGISTERED AGENT MUST SIGN

Date 10/17/01

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:

Robert Mintz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/01

Date

954 480-6320

Daytime Phone #