

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # P00000042348

1. Corporation Name

GOURMET STATION, INC.

Principal Place of Business

Mailing Address

7601 BISCAYNE BLVD.  
MIAMI FL 33138

7601 BISCAYNE BLVD.  
MIAMI FL 33138

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

04/17/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1020968

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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	City / State / Zip
P/D	CEDRI, RICHARD	7601 BISCAYNE BLVD	MIAMI FL 33138
VD	CASTILLO, SALVADOR	7601 BISCAYNE BLVD	MIAMI FL 33138
D	MARTHA CASTILLO	7601 BISCAYNE BLVD.	MIAMI FL 33138

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALLERAN, ROBERT B ESQ  
1920 EAST HALLANDALE BEACH BLVD., #803  
HALLANDAL FL 33009

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/1/02

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/02

Daytime Phone #

CR2E040 (9/02)

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7601 Biscayne Blvd., Miami, Florida 33138 T.305.756.9899 F.305.754.7929

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Sir or Madam:

Enclosed is our application for reinstatement for Gourmet Station, Inc. --- Document #  
P00000042348.

I understand that because the renewal forms were not received, prior to December 31, 2002, we  
may submit the original amount of \$150 along with this letter stating that we had in fact not received  
the initial forms for renewal.

Once the enclosed check #2312 is returned to our bank paid, I will stop payment on the initial  
check.

Thank you,

Gourmet Station



Rick Cedri

*President*

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