

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PRR 10/2

APPLICATION
FOR



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

DOCUMENT # **P00000066097**

1. Corporation Name

SURF'N'SPRAY CAFE, INC.

Principal Place of Business

Mailing Address

**1404 NORTH SURF ROAD
HOLLYWOOD FL 33019**

**1404 NORTH SURF ROAD
HOLLYWOOD FL 33019**

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

07/10/2000

5. FEI Number

651023760

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<i>P</i>	VASKOVIC TOM	1406 HAYES ST	HOLLYWOOD FLORIDA 33020
<i>S</i>	VASKOVIC KATARINA	1406 HAYES ST	HOLLYWOOD FLORIDA 33020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VASKOVIC, TOM
1404 NORTH SURF ROAD NORTH BAY
HOLLYWOOD FL 33019**

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

09/13/2001

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:

KATARINA VASKOVIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/13/2001 (954) 927-6277

CR2E040 (8/01)

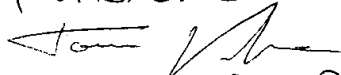
OCTOBER 13, 2001

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TO FLORIDA DEPARTMENT OF STATE

AFTER RECEIVING YOUR NOTICE OF DISSOLUTION
I SPOKE TO THE GENTLEMEN IN YOUR OFFICE WHOM
ADVISE ME TO FILLUP APPLICATION FOR REINSTATEMENT
AND SEND BACK WITH THIS LETTER. I SEND ONE
APPLICATION IN FEBRUARY TOGETHER WITH CHECK
FOR \$150.00 DOLLARS. CHECK WAS TAKEN FROM MY
ACCOUNT ON 22ND OF FEBRUARY 2001. CHECK NUMBER WAS
#416. IF YOU NEED A COPY OF THE CHECK I WILL
GLADLY SEND IT TO YOU. SINCE I PAID PLEASE
WAIVE LATE FEES FROM MY ACCOUNT.

TOM VASKOVIC



1404 NORTH SURF ROAD
HOLLYWOOD FL 33019

DAYTIME PHONE (954) 927-6277