

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025120

1. Corporation Name

TENDER KRUST PATTY INC.

2. Principal Office Address

938 N. UNIVERSITY DR

Suite, Apt. #, etc.

City & State

LAUDERHILL, FLORIDA

Zip

33321

Country

BROWARD

3. Mailing Office Address

938 N. UNIVERSITY DR

Suite, Apt. #, etc.

City & State

LAUDERHILL, FLORIDA

Zip

33321

Country

BROWARD

4. Date Incorporated or Qualified

To Do Business in Florida 030922001

5. FEI Number

65-1098724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD PATRICK HENRIQUES QUALLO

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

11380 CORAL BAY DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

900035259479

05/03/04--01052--019 **300 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date APRIL 28, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	Donald Patrick Henriques Quallo	11380 coral Bay Drive	Boca Raton, FI 33498
DVT	Claudette M Henriques Quallo	11380 Coral Bay Drive	Boca Raton, FI 33498
DS	Damian Omar Henriques Quallo	11380 Coral Bay Drive	Boca Raton, FI 33498
DS	Terry Annmarie Henriques Quallo	11380 Coral Bay Drive	Boca Raton, FI 33498
D	Amanda Mae Henriques Quallo	11380 Coral Bay Drive	Boca Raton, FI 33498

10. 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

RESIDENT April 28, 2004

(954) 578-7555

Date

Daytime Phone #

CR2ED81 (01/04)