

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000100907

1. Corporation Name

COOKIES PALACE, INC.

2. Principal Office Address

19111 COLLINS AVE

3. Mailing Office Address

1268 P.O.BOX

Suite, Apt. #, etc.

2607

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FL

City & State

HALLANDALE, FL

Zip

33160

Country

U.S.A.

Zip

33008-1268

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2001

5. FEI Number

60-0000484

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0203

7. Name and Address of Current Registered Agent

Name

DANIEL J. SERBER

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

2875 N.E. 191 SREET

Suite, Apt. #, Etc.

SUITE 801

City

AVENTURA

State

FL

Zip Code

33180

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

Date

3/3/03

REGISTERED AGENT MUST SIGN

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
D	AMKIE, RAFAEL	19111 COLLINS AVE #2607	AVENTURA, FL, 33160
D	DE AMKIE, SAFIE ELFON	19111 COLLINS AVE #2607	AVENTURA, FL, 33160

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

Date

Daytime Phone #

RAFAEL AMKIE 3/3/03

305 932 6262

CR2E081 (10/02)