

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000102833

1. Corporation Name

CHRISTOPHER'S DINING & BANQUETS, INC.

Principal Place of Business

1788 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address

1788 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2001

5. FEI Number

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	MURATORE, JOSEPH	1788 SOUTHEAST PORT ST. LUCIE BL	PORT ST. LUCIE FL 34952
VD	RENKEN, SUSAN JE	1788 SOUTHEAST PORT ST. LUCIE B	PORT ST. LUCIE FL 34952
S	MURATORE, MARIANNE	1788 SOUTHEAST PORT ST. LUCIE BL	PORT ST. LUCIE FL 34952

400009220684
11/26/02--01030--013 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
JOSEPH MURATORE
Street Address (P.O. Box Number is Not Acceptable)
1788 S.E. Port Saint Lucie Blvd
Suite, Apt. #, Etc.
Port Saint Lucie
State
FL
Zip Code
34952

CR20040 (8/02)

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-29-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-02


Florida Department of State
Division of Corporations
Annual report / Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

10-22-02

Ref: Doc # P01000102833, Christopher's Dining & Banquets, Inc.
1788 se Port saint Lucie Blvd.
Port saint Lucie, Florida 34952
772-335-4665
Fax: 335-1913

To whom it may concern,

As per my conversation with the reinstatement division, I am enclosing a check in the amount of one hundred fifty and no cents. A change of address and fictitious name had been filed for the corporation through, Spiegel & Utrera, P.A., 1840sw 22nd st., 4th floor, Miami, Florida 33145 and we had been told that a new corporate report form would be sent to us. We had not received any report form and missed our filing deadline. Again per my conversation with this office, I was instructed to send this form with a letter of explanation and a fee of \$150.00. I apologize for any confusion and ask for your assistance in resolving this matter.


Joseph Muratore
President

Christopher's Dining & Banquets, Inc
Dbas/ Josef's Fine Food Market and
Restaurant.