

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000018137

1. Entity Name  
CAFE DEL MAR OF FT LAUDERDALE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 15 PM 12:42

Principal Place of Business  
213 FT LAUDERDALE BEACH BLVD  
FT LAUDERDALE, FL 33316

Mailing Address  
213 FT LAUDERDALE BEACH BLVD  
FT LAUDERDALE, FL 33316

2. Principal Place of Business

3. Mailing Address



11112004 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0619500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVIDOR, LIOR  
213 FT LAUDERDALE BEACH BLVD  
FT LAUDERDALE, FL 33316

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME AVIDOR, LIOR  
STREET ADDRESS 213 FT LAUDERDALE BEACH BLVD  
CITY-ST-ZIP FT LAUDERDALE, FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/04