

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P02000032413**

1. Corporation Name

NORTH SIDE DELI INC

Principal Place of Business

7991 12TH ST N.
ST PETERSBURG FL 33702

Mailing Address

7991 12TH ST N.
ST PETERSBURG FL 33702

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

03/25/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600024198576

10/28/03--01018--013 **150.00

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
P	STEFAN, DJURO	7991 12TH ST N.	ST. PETERSBURG FL 33702
V	STAN, BOBBY	7991 12TH ST N.	ST. PETERSBURG FL 33702
T	STEFAN, MARIA	7991 12TH ST N	ST PETERSBURG FL 33702

8. Name and Address of Current Registered Agent

STEFAN, DJURO
7991 12 TH ST N.
ST PETERSBURG FL 33702

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] **NOTARIZED REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/9/03

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] **NOTARIZED REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

CR2E040 (7/03)

October 23, 2003

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302- 1500

Re: Northside Deli Inc.
Document # P 02000032413

To whom it concerns:

I recently received my first notice that my company was being dissolved by the State and in order to keep it active need to pay \$ 750.00. I understand the initial payment is \$ 150.00 if made before May 1 of each year. I began my business in Florida last year and was not aware of the annual filing requirement. I have been having difficulty receiving mail for my company eg. I don't receive preprinted Quarterly reports. I have told the postman but things don't seem to change.

I have been missing a number of pieces of mail, this is the first notice I received from the Dept. of State – Division of Corporations.

I have enclosed a check for \$ 150.00 and request you wave the additional late filing fee of \$ 600.00.

Thank you for your consideration in this matter.



Maria Stefan- Treasurer