

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057683

1. Corporation Name

Delux Restaurant, Inc.

REINSTATEMENT 03

400024889104
11/20/03--01060--019 **150.00

2. Principal Office Address

2311 10th Avenue North

Suite, Apt. #, etc.

Suite 7

City & State

Lake Worth, FL

Zip

33461

Country

US

3. Mailing Office Address

2311 10th Avenue North

Suite, Apt. #, etc.

Suite 7

City & State

Lake Worth, FL

Zip

33461

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/23/2002

5. FEI Number

02-0600464

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

Fritzner Altidor

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

2311 10th Avenue North

Suite, Apt. #, Etc.

Suite 7

City

Lake Worth

State

FL

Zip Code

33461

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

H. Altidor

REGISTERED AGENT MUST SIGN

Date 11/13/2003

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
Pres	Fritzner Altidor	2311 10th Avenue, North, Suite 7	Lake Worth, FL 33461

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:

H. Altidor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2003 561-582-6486

Date

Daytime Phone #

DELUX RESTAURANT, INC.
2311 10TH AVENUE NORTH
SUITE 7
LAKE WORTH, FL 33461
(561) 582-6486

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 13, 2003

Re: Corporation Reinstatement Application
Document # P02000057683

Please waive the reinstatement fee for the above named corporation due to the fact that the corporation did not receive the annual report from the State. Enclosed is a check in the amount of \$150.00 for the reinstatement fee.

Thank you for your cooperation.

Sincerely,

A handwritten signature in dark ink, appearing to read "Fritzner Altidor", with a stylized flourish at the end.

Fritzner Altidor
President