

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUN 17 PM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000086828

**1. Corporation Name**

KOSHER BITE INC.

20521 NE 20th COURT  
MIAMI, FLORIDA 33179

**2. Principal Office Address**

20521 NE 20th COURT

**3. Mailing Office Address**

MIAMI, FLORIDA 33179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI, FLORIDA 33179

**City & State**

**Zip**

33328

**Country**

USA

**Zip**

**Country**

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

08/12/2002

**5. FEI Number**

71-0899020

**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**

ARIE BALILA

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

20521 NE 20TH CT

**Suite, Apt. #, Etc.**

**City**

MIAMI

**State**

FL

**Zip Code**

33179

**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**

*Handwritten Signature of Arie Balila*

**Date**

6/9/2004

**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	ARIE BALILA	20521 NE 20TH CT	MIAMI, FLORIDA 33179
D	ARI Galsky	20281 E COUNTRY CLUB APT 2107	AVENTURA, FLORIDA 33180

**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:**

*Handwritten Signature of Arie Balila*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARIE BALILA

**Date**

6/9/2004

**Daytime Phone**

305-342-1078

CR2E081 (01/04)