

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000070374

1. Corporation Name

PRO RESTAURANT EQUIPMENT INC.

2. Principal Office Address

1301 W. COPANS RD.

3. Mailing Office Address

1301 W. COPANS RD.

Suite, Apt. #, etc.

F10-11

Suite, Apt. #, etc.

F10-11

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2003

5. FEI Number

200056710

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

MICHAEL SAPAN

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

2762 NW. TIMBERCREEK CIR.

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33431

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

P

Date MAR, 10, 2006

REGISTERED AGENT MUST SIGN

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
P	MICHAEL SAPAN	2762 NW. TIMBERCREEK CIR	BOCA RATON, FL 33431

000069050530

03/30/06--01038--015 **450.00

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 contained in Chapter 119, 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:

MAR, 10, 2006 954 972 2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 10, 2006

PRO RESTAURANT EQUIPMENT INC.

1301 W. COPANS RD. SUITE F10-11
POMPANO BEACH, FL 33064

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Re: Certificate ID – 16-8012952928-3, document # P03000070374,
FEI# 200056710, Employer ID# 20-0056710

To Whom It May Concern:

Please find enclosed with this letter a check written to Department of State for \$450.00 and also the reinstatement application for my Florida company. I would like to reinstate my company for the years of 2004, 2005, and 2006.

I am aware of the non filing fee which you charge for companies that have been inactive for over 1 year. I am requesting for this fee to be waived due to the fact that I have never received the renewal application nor was I notified that the registration must be renewed yearly. I was under the assumption the renewal process was automated. I am sorry for the incontinence and I am willing to fully pay the reinstatement standard fees for those three years totaling \$450.00.

If there is any other information or documents I must provide please contact me immediately at (954) 972-2225 or by fax at (954) 972-2228.

Sincerely,

Michael Sapan
Owner



PRO RESTAURANT EQUIPMENT, INC.
1301 West Copans Road
Pompano Beach, FL 33064
Tel. (954) 972-2225