PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000105994

1. Corporation Name
FLORIDA KOSHER INC

800327574968
04/05/19--01026--004 **2100.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9321 W SAMPLE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS	City & State
Zip: 33065 Country: BROWARD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 8-15-2006

5. FEI Number: 20-5372517 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: N/A — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GEORGE GREEN L

Street Address (P.O. Box Number is Not Acceptable): 9205 NW 43 CT

Suite, Apt. #, Etc.: N/A

City: CORAL SPRINGS State: FL Zip Code: 33065

FILED
19 APR -5 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: George Green Date: 4-4-19

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	JACK PANISEL	4209 NW 90TH TR	CORAL SPRINGS FL 33065
S	DEBBIE PANISEL	4209 NW 90 TR	CORAL SPRINGS FL 33065
			APR 15 20[illegible]
			T SCHROEDER

10. E-mail Address: STEFANOSKOSHER@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: JACK PANISEL 4-4-19 954752-0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #