

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000002147

1. Corporation Name

FLORIDA ROASTER'S CORP.

Principal Place of Business

10125 GLADES ROAD
BOCA RATON FL 33498
US

Mailing Address

10125 GLADES ROAD
BOCA RATON FL 33498
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1992

5. FEI Number

65-0378142

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	FORGIONE, DENNIS	21210-15A ST. ANDREWS BLVD.	BOCA RATON FL
V	FORGIONE, DAWN	10125 GLADES DRIVE	BOCA RATON FL

600002719606--6
-12/22/98--01085--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BADACH, FRANK
1555 PALM BEACH LAKES BLVD.
SUITE 1510
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name **FRANK J. BADACH**
Street Address (P.O. Box Number is Not Acceptable)
568 YAMATO RD.
Suite, Apt. #, Etc.
SUITE 200
City **BOCA RATON** State **FL** Zip Code **33431**

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.

Signature of
Registered Agent

Date

11/28/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS FORGIONE

Date

11-25-98

Daytime Phone #

561-395-9808