

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016521

1. Corporation Name

BLUE MOON DINERS, INC.

Principal Place of Business

2434 SE FED HWY
STUART FL 34994
US

Mailing Address

7058 CATLINA ISLE DR
LAKEWORTH FL 33467
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1993

5. FEI Number

65-0391520

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	4 City / State / Zip
D	PATEL, KANTI	4010 MESSANA TER 7058 Catlana Isle Dr	LAKE WORTH FL 33467
			200003071472--7
			-12/15/99--01078--023
			****750.00 ****750.00
			ILS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUHARCIK, JOSEPH
1211 THE PLAZA
SINGER ISLAND FL 33404

Name Patel Kanti
Street Address (P.O. Box Number is Not Acceptable)
7058 Catlana Isle Dr
Suite, Apt. #, Etc.
Lakeworth
City Lakeworth State FL Zip Code 33467

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

Kanti Patel

REGISTERED AGENT MUST SIGN

Date

11/15/99

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., 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:

Kanti Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/99

Date

561 969 3461

Daytime Phone #