

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 SEP -4 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020140

1. Corporation Name

Al Stephen's Pembroke, Inc.

Principal Place of Business

Mailing Address

Al Stephen's Pembroke, Inc.  
425 Hollywood Mall  
Hollywood, FL 33021

REINSTATEMENT

94-98  
ad

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

2. New Principal Office Address, If Applicable  
11401 Pines Boulevard

Suite, Apt. #, etc.  
Suite 718

City & State  
Pembroke Pines, FL

Zip  
33026

Country  
Broward

3. New Mailing Office Address, If Applicable  
11401 Pines Boulevard

Suite, Apt. #, etc.  
Suite 718

City & State  
Pembroke Pines, FL

Zip  
33026

Country  
Broward

4. Date Incorporated or Qualified  
To Do Business in Florida 3/12/93

5. FEI Number  
65-0402492

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	Al DiTraglia	1401 Pines Blvd., Ste 718	Pembroke Pines, FL 33026
VP	Donna M. Perez	2181 N.W. 98th. Way	Pembroke Pines, FL 33024

600002636466-5  
09/10/98-01062-012  
\*\*\*1358.75 \*\*\*1358.75

8. Name and Address of Current Registered Agent

Shults, Richard H.  
225 North Federal Highway, Ste. 650  
Pompano Beach, FL 33062

9. Name and Address of New Registered Agent

Name  
Donna M. Perez  
Street Address (P.O. Box Number is Not Acceptable)  
2181 N.W. 98th. Way  
Suite, Apt. #, Etc.

City  
Pembroke Pines

State  
FL

Zip Code  
33024

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

*Donna Perez*

REGISTERED AGENT MUST SIGN

Date 8/25/98

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)(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:

*Donna Perez*

Donna M. Perez, Vice President (954) 438-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #