

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

96 NOV 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043477**

1. Corporation Name

RIVERSIDE RESTAURANT ASSOCIATES, INC.

Principal Place of Business

**125 N RIVERSIDE DR
POMPANO BEACH FL 33062**

Mailing Address

**125 N RIVERSIDE DR
POMPANO BEACH FL 33062**



REINSTATEMENT *96*

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0427528

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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
D	MANDELL, IRA	125 N RIVERSIDE DR	POMPANO BEACH FL 33062
T	JOSEPH CASCIO,	125 N. RIVERSIDE DR.	POMPANO BEACH FL 33062
S	ERICA MANDELL CASCIO,	125 N RIVERSIDE DR	POMPANO BEACH FL 33062

300002014553-5
-11/26/96-01107-019
*****375.00 ***375.00**

11/20/96

8. Name and Address of Current Registered Agent

**ROSENBAUM, RICHARD L ESQ
ONE E BROWARD BLVD
BARNETT BANK PLAZA PENTHOUSE
FT LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

Name
ERICA MANDELL CASCIO
Street Address (P.O. Box Number is Not Acceptable)
125 N RIVERSIDE DRIVE
Suite, Apt. #, Etc.
POMPANO BEACH State **FL** Zip Code **33062**

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

Erica Mandell Cascio
REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/11/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Erica Mandell Cascio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/96 *94-2499*
Date Daytime Phone #