

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 DEC -4 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P93000080e82  
JGM FOODS, INC.  
dba Perfect Pita

Principal Place of Business

Mailing Address

~~OLD - 450 Northlake Blvd. Box 13021~~  
~~Lake Park, FL~~

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

2. New Principal Office Address, If Applicable

7301 So. Dixie Hwy

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

PO Box 2153

Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

City & State

Palm Beach, FL

Zip

33405

Country

US

Zip

33480-2153

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11-16-1993

5. FEI Number

65-0449921

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
P/V/D	Joseph G. Moujabber	Douglas Lane	Oak Bluffs, MA 02557-2598
			000002022320--2
			12/06/96 01063 025
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

Joseph G. Moujabber  
131 Lakeshore Dr. #4, No Palm Beach, FL

9. Name and Address of New Registered Agent

Name

H. Bryant Sims

Street Address (P.O. Box Number is Not Acceptable)

7301 South Dixie Highway

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33405

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/4/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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]*

JOSEPH G. MOUJABBER

11-22-96

508-693-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)