

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000087365

1. Corporation Name

MAJESTIC CATERING RACETRACK KITCHEN INC.

FILED

01 MAR 12 AM 9:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

12295 N.W. 7 AVENUE
SUITE 116
NORTH MIAMI FL 33168

[REDACTED]
SUITE 116
[REDACTED]



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

2. New Principal Office Address, If Applicable

901 S. FEDERAL HWY.

3. New Mailing Office Address, If Applicable

P.O. BOX 4046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1993

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

HALLANDALE FL

City & State

HALLANDALE, FL.

Zip

33009

Country

USA

Zip

33008

Country

U.S.A.

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SMITH, JAMES E	12295 N.W. 7 AVENUE, #116 PO-Box 4046	NORTH MIAMI FL 33168 HALLANDALE FL 33008
VTSD	SMITH, FLORENCE	12295 N.W. 7 AVENUE, #116 PO Box 4046	NORTH MIAMI FL HALLANDALE FL 33008
			400003851984--5 -03/14/01--01016--023 ***1050.00 ***1050.00

REINSTATEMENT 99-01

[Handwritten signature]

8. Name and Address of Current Registered Agent

SMITH, FLORENCE
12295 N.W. 7 AVENUE
SUITE 116
NORTH MIAMI FL 33168

901 S. FEDERAL HWY
HALLANDALE, FL.
[REDACTED] 33009

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED
[Handwritten signature: Florence Smith]

REGISTERED AGENT MUST SIGN

Date 2/23/01

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:

SIGNATURE REQUIRED
[Handwritten signature: Florence Smith]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/01

Daytime Phone #