

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9400W64543**
1. Corporation Name
NAKIS Food Services Inc.
OLIA PERIN RESTAURANT

Principal Place of Business Mailing Address
4125 4TH ST. NORTH (SAME)
SMITH DETOURS BURG, FL. 33703

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

SEP 21, 1994

5. FEI Number

593268604

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	HARVEY MENDELSON	675 S. BULFLOON BLVD - 1202	CLERMONT FL 33767
V.P.	EVANS NAKIS	675 S BULFLOON BLVD - 1202	CLERMONT FL 33767

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8. Name and Address of Current Registered Agent

HARVEY MENDELSON
4125 4TH ST. N.
ST. PETERS FL 33703

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

/

REGISTERED AGENT MUST SIGN

Date

MAY 20, 1998

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:

/ HARVEY MENDELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 20, 1998 **813-821-3773**
Date Daytime Phone #