

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 29 AM 10:05

DOCUMENT # P94000064543

1. Corporation Name

Nakis Food Services, Inc.

2. Principal Office Address

4125 4th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33703

Country

USA

3. Mailing Office Address

4125 4th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33703

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/94

5. FEI Number

59-3268604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mendelsohn, Harvey

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

4125 4th Street North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33703

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

06/25/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mendelsohn, Harvey	4125 4th Street North	St. Petersburg, Florida 33703
VP	Nakis, Evans	675 S Gulfview Blvd-1202	Clearwater, FL 33767

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Mendelsohn

Date

Daytime Phone #

727  
06/25/00 821-3773

CR2E081 (9/99)

# Pepin

RESTAURANT

A St. Petersburg Tradition

06/27/00

NAKIS Food Services Inc.  
c/o Pepin Restaurant

## FLORIDA CORPORATION REINSTATEMENT

As per our conversation of today, due to the error of our mailing address on file, enclosed please find, as agreed, a check in the amount \$308.75, to reinstate our corporation.

We thank you for your co-operation.

Yours truly



H. Monmouth - Pres.  
NAKIS Food Services Inc.



Charming Banquet Facilities and Gift Certificates available