

APPLICATION
FOR
REINSTATEMENT



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

YOUR CHEF, INCORPORATED

Principal Place of Business

1051 N.W. 14TH STREET
SUITE 121
MIAMI FL 33136
US

Mailing Address

4370 N.W. 11TH STREET
APT. 204
MIAMI FL 33126

EET 2561 Remer Tagg Dr
 Miami Beach
 FL 33140

REINSTATEMENT 97

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

09/20/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0578877

Applied For

Not Applicable

Zip	Country
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Zip	Country
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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	RODRIGUEZ, MANUEL	4370 N.W. 11TH ST. APT. 204	MIAMI FL 33126
V	YUDENIA CASANAS	2561 PINE TREE DR	MIAMI BEACH FL 33140

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***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, MANUEL
4370 N.W. 11TH STREET
APT. 204
MIAMI FL 33126

Name Yudenia CASANAS
Street Address (P.O. Box Number is Not Acceptable) 2361 Pine Tree Dr
Suite Apt. #, Etc. BEACHT
City N. Am State Zip Code

State FL	Zip Code 33140
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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 11/11/19

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____