

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 MAY 19 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016614

1. Corporation Name

HORECA INTERNATIONAL INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

7800 W. OAKLAND PARK BLVD.

3. New Mailing Office Address, If Applicable

7800 W. OAKLAND PARK BLVD.

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/95

Suite, Apt. #, etc.

BLDG. "G"

Suite, Apt. #, etc.

BLDG. "G"

5. FEI Number

65-0569005

Applied For

Not Applicable

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

Zip

33351

Country

USA

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
P	JEAN PIERRE GREGOIRE	7800 W. OAKLAND PARK BLVD. BLDG. "G"	SUNRISE, FLORIDA 33351
			600002188256--2 -05/22/97--01076--011 ****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

REJEAN LAPIERRE

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

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

BLDG. "G"

City

SUNRISE

State

FL

Zip Code

33351

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

3/14/97

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 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

JEAN PIERRE GREGOIRE, PRESIDENT 3/14/97 (954)749-8802

Date

Daytime Phone #

CR2040 (12/96)