

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

IMPROVED
AND
FILED

1998 NOV 19 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
1998 FOR AR
REINSTATEMENT



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

DOCUMENT # P95000040513

1. Corporation Name

THE CAVES RESTAURANT AND LOUNGE, INC.

Principal Place of Business

Mailing Address

2205 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL

2205 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1995

5. FEI Number

65-0582180

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)

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
PD	HOCHMAN, SAUL	2205 NORTH FEDERAL HIGHWAY	FORT LAUDERDALE FL
VD	HOCHMAN, JACQUE	2205 NORTH FEDERAL HIGHWAY	FORT LAUDERDALE FL

600002700936--8
-12/02/98-01035-836
****150.00 ****150.00

8. Name and Address of Current Registered Agent

HOCHMAN, SAUL
2205 N. FEDERAL HWY.
FT. LAUDERDALE FL 33305

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

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-11-98

954 561 4622

CR2E040 (0/88)



RESTAURANT & LOUNGE

2205 N. FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33305-2598
954-561-4622
954-561-4608

To Whom it may Concern

I did not receive this
notice, this year.

Please except my check for 150⁰⁰

Sincerely

Saul Hochman