

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 9 AM 7:56

DOCUMENT # P95000048318

1. Corporation Name

PENNY FOODS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
70000201-616657
-12/11/96--01066--007
***375.00 ***375.00



Principal Place of Business

2201 BRICKELL AVE. #87
MIAMI FL 33129

Mailing Address

2201 BRICKELL AVE. #87
MIAMI FL 33129

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

2. New Principal Office Address, If Applicable

3910 NW 27 ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3910 NW 27 ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1995

5. FEI Number

65-05228346

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	BATALLA, KATHERINE	2201 BRICKELL AVE. #87	MIAMI FL 33129
VD	SHUMLETT, MICHELLE	2201 BRICKELL AVE. #87	MIAMI FL 33129
STD	BATALLA, SANDRA	2201 BRICKELL AVE. #87	MIAMI FL 33129
PSTD	RAHMANPARAST, MEHRAN	3910 NW 27 ST	MIAMI, FL 33142

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Arthur J Burk
Street Address (P.O. Box Number is Not Acceptable)
848 Brickell Ave # 200
Suite, Apt. #, Etc.
Miami, FL
City State Zip Code
FL 33131

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 12/6/96

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/96

(305) 871-2099
Daytime Phone #

CR250-00 (7/96)