

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 NOV 15 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000048637**
1. Corporation Name
STEPHANIS GOURMET, Inc

Principal Place of Business Mailing Address
**1430 WASHINGTON AVE
Miami Beach, Florida 33139**

REINSTATEMENT 96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing 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 July 1995	
5. FEI Number 65-0590563	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>3875 Article 10, Florida Constitution</small>	

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

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
Pres		MAGED TADROS		15125 Dunbar PL Miami, FL 33016		Miami, FL 33016
V.P. sec		HANY AYOUB		10525 S.W 103 St Miami, FL 33176		Miami, FL 33016
Treas		Robert Lunn		1865 BRICKELL AVE A 514		Miami, FL 33024
						000002009430--6 -11/20/96--01029--016 ***245.00 ***245.00

8. Name and Address of Current Registered Agent
**MARTY PATRICK
1141 Kane Concourse
Bay Harbor Islands, FL 33154**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	300002009433--7 -11/20/96--01029--017 ***130.00 ***130.00
City	FL

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 _____ Date **11/12/96**

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **Maged Tadros** **MAGED TADROS Pres** **9/19/96** **305-674-0678**
Date Daytime Phone

CR20040 (12/95)