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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 13 AM 8:58

DOCUMENT # P95000053142

1. Corporation Name

OKEECHOBEE TAKE OUT, SUBS & OTHERS INC.

8/23/96

Principal Place of Business
9355 N.W. SOUTH RIVER DR.
MEDLEY FL

Mailing Address
9355 N.W. SOUTH RIVER DR.
MEDLEY FL

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

BR 12/13/96

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida 07/11/1995

5. FEI Number 65-0608203 | 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) 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	NASHMAN PATEL	9355 N.W. SOUTH RIVER DR. MEDLEY, FL 33166	
			000002032970--2 -12/18/96--01104--009 ****375.00 ****375.00
		REINSTATEMENT	1996
			BK

8. Name and Address of Current Registered Agent
PATEL, MASHMAN
9355 N.S. SOUTH RIVER DR.
MEDLEY FL 33166

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 x SIGNATURE REQUIRED Date
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 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: x SIGNATURE REQUIRED Nashman Patel (305) 882-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)

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