

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

97 AUG 27 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076035

1. Corporation Name

KOSHER SERVICES ORLANDO, INC.

Principal Place of Business

1166-C PASEO DE LAS FLORES  
CASSELBERRY FL 32707

Mailing Address

1166-C PASEO DE LAS FLORES  
CASSELBERRY FL 32707

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

2. New Principal Office Address, If Applicable

3401 L.B. McLeod Rd.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3401 L.B. McLeod Rd.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1995

5. FEI Number

593-33-8098

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
D	MOR, RAFAEL	1166-C PASEO DE LAS FLORES	CASSELBERRY FL 32707
			7000002283237-5 -09/02/97--01178--020 ***915.00 ***915.00

REINSTATEMENT 96-97

A. Alan  
8/27/97

8. Name and Address of Current Registered Agent

WOLFE, LARRY  
200 - A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6643

9. Name and Address of New Registered Agent

Name  
Elba SAAVEDRA  
Street Address (P.O. Box Number is Not Acceptable)  
3401 L.B. McLeod Rd.  
Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32805

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

*Elba Saavedra*  
REGISTERED AGENT MUST SIGN

Date 8/25/97

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

Date

Daytime Phone #

8/25/97 407-648-4831

CR20040 (7/96)