

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 15 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076035

1. Corporation Name

KOSHER SERVICES ORLANDO, INC.

Principal Place of Business

Mailing Address

3401 L.B. MCLEOD ROAD
ORLANDO FL 32805

3401 L.B. MCLEOD ROAD
ORLANDO FL 32805

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

2. New Principal Office Address, If Applicable

3215 Surfside Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3215 Surfside Way
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1995

5. FEI Number

59-3338098

Applied For

Not Applicable

City & State

Orlando

City & State

Orlando

Zip

FL

Country

32805

Zip

FL

Country

32805

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 3	City / State / Zip 4
D	MOR, RAFAEL	1166-C PASEO DE LAS FLORES	CASSELBERRY FL 32707

500003145285--2
-02/23/00--01103--002
*****300.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAAVEDRA, ELBA
3215 SURFSIDE WAY
ORLANDO FL 32805

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 1/20/00

11. 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
MOR, RAFAEL

01/10/00 407-425-8292
Date Daytime Phone #

KE