

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 NOV -5 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082237

1. Corporation Name

FRED'S ULTIMA CAFE, INC.

Principal Place of Business

400 CLEMATIS ST.  
WEST PALM BEACH FL 33401

Mailing Address

400 CLEMATIS ST.  
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0621649

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	YORLOFF, FRED	6287 WINDLASS CR.	BOYNTON BEACH FL 33437
V	YORLOFF, JOANNE	6287 WINDLASS CR.	BOYNTON BEACH FL 33437
			800004703598--7 -12/04/01--010798-001 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

YORLOFF, FRED JR.  
400 CLEMATIS ST.  
WEST PALM BEACH FL 33401

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

SIGNATURE OF REGISTERED AGENT  
REGISTERED AGENT MUST SIGN

Date

10/29/01

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

Date

Daytime Phone #

CR2E040 (8/01)

**FREDS ULTIMA CAFE, INC.**

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400 A. Clematis St.  
West Palm Beach, Fl  
33401  
561-659-9877  
561-659-2947(fax)

November 1, 2001

Florida Department Of State  
Katherine Harris  
Secretary of State  
Division of Corporations

To Whom it may concern:

I am sending you the application for reinstatement for a corporation with the annual fee of \$150.00. When I called to find out why we had received this notice I was told that we did not file for a renewal. I am requesting that you wave the fees and the only excuse I can offer is I truly do not know what happened to the other application. I don't have it and as a result I didn't mail it. We do not want to become unincorporated, we are a small business with many expenses and to have to pay \$600.00 in fees would be quite a hardship for us. Thank you in advance.

Sincerely,