

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000095779

1. Corporation Name **BAIN'S DELI FESTIVAL, INC.**

Principal Place of Business  
**2900 W. SAMPLE ROAD  
STORE FC16  
POMPAHO BCH., FL 33073**

Mailing Address  
**5521 N. MILITARY TRAIL,  
SUITE 1108  
BOCA RATON, FL 33496**

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

2. New Principal Office Address, If Applicable

**5521 N. MILITARY TRAIL  
SUITE 1108**

City & State  
**BOCA RATON, FL 33496**

Zip **33496** Country **USA**

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

97 OCT 29 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE  
12/18/95

5. FEI Number

**65-0634286**

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
P/S/T	JEFFREY JOLLES	5521 N. MILITARY TRAIL SUITE 1108	BOCA RATON, FL 33496

000002334370--0  
-10/30/97--01108--002  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

**GREGORY J. BLODIG, ESQ.  
100 WEST CYPRESS CREEK RD., #700  
FT. LAUDERDALE, FL 33309**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code  
**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

*Gregory J. Blodig*  
REGISTERED AGENT MUST SIGN

Date **10-28-97**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

*Jeffrey Jolles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)