

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

FILED

00 OCT 31 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P96000005102

1. Corporation Name

SCHRAMA REALTY, INC.

Principal Place of Business

3017 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

Mailing Address

3017 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

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

01/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0634780

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	SCHRAMA, ROBERTUS M	3017 E. COMMERCIAL BLVD.	FT. LAUDERDALE FL 33308

000003469570--0
-11/20/00--01013--018
****150.00 ***150.00

8. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J
2700 S.W. 37TH AVENUE
MIAMI FL 33133

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]
REGISTERED AGENT MUST SIGN

Date

10/11/00

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

Date

10/15/00

Daytime Phone #

954 684 3434

KE

CR2E040 (8/00)

202

LAW OFFICES OF

Edward J. Jennings, P.A.

EDWARD J. JENNINGS

200 S.E. 18TH COURT
FORT LAUDERDALE, FLORIDA 33316

TELEPHONE (954) 764-4330
FACSIMILE (954) 764-4502

October 25, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

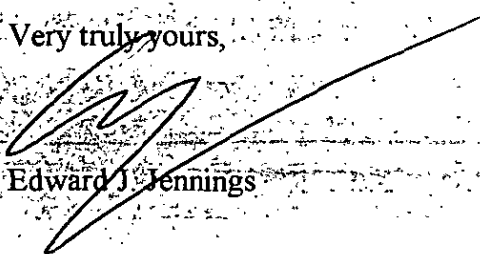
RE: Innovative Restaurant Enterprises, Inc. - Document # P99000056675
Schrama Reality, Inc. - Documents # P96000005102

Dear Sir or Madam:

Enclosed for your convenience please find two notice of administrative dissolution or revocation of corporation forms and my client's checks in the amount of \$150.00 each for reinstatement. Please be advised that my client never received notice of the renewal forms from the Secretary of State nor did I. I would greatly appreciate your waiving the late reinstatement fees and reinstating the corporations.

Thank you very much for your anticipated cooperation.

Very truly yours,


Edward J. Jennings

EJJ/js
Enclosures