

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 OCT 29 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000008833

1. Corporation Name

M.P.K. ENTERPRISES OF FLORIDA, INC.

Principal Place of Business

**3033 SOUTH CONGRESS AVENUE
PALM SPRINGS FL**

Mailing Address

**3033 SOUTH CONGRESS AVENUE
PALM SPRINGS FL**

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

01/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0633777

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KOCHAVI, RATZON	3033 SOUTH CONGRESS AVE.	PALM SPRINGS FL
D	PLATT, MARION	19101 MYSTIC POINT DR. TWO 200 L	AVENTURA FL 33180
			700002343707--5 -11/10/97--01177--012 ****165.00 ****165.00
			SL 10-31-97

8. Name and Address of Current Registered Agent

**KOCHAVI, RATZON
3033 SOUTH CONGRESS AVENUE
PALM SPRINGS FL**

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

Ratzen Kochavi

REGISTERED AGENT MUST SIGN

Date **10-27-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 #

10/27/97 *561 6412727*

CR2040 (9/97)

RIGHT TOUCH CAR WASH
3033 So. Congress Ave.
Palm Springs, FL 33461
(407) 641-2727

(2)

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

10-27-97

To Whom It May Concern,

I never received my forms to submit my annual report and that is why it was not filed.

I called your office today and was told to send a letter along with the form & a check for \$165.00 to reinstate the corporation.

Please reinstate us as soon as possible. Thank you, and I am sorry for any inconvenience.

Very Truly Yours,

