

PLEASE

THIS FORM.

①

APPLICATION  
FOR  
REINSTATEMENT

97-98 AR

FILED

98 MAY 11 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042953

1. Corporation Name

SPARKLING FOOD SERVICE, INC.

Principal Place of Business

Mailing Address

~~4042 INVERRARY DRIVE~~  
LAUDERHILL FL 33319~~4042 INVERRARY DRIVE~~  
LAUDERHILL FL 33319824 N Victoria Park Rd  
FL 33304

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

05/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City &amp; State

City &amp; State

6.

Not Applicable

Zip

Country

Zip

Country

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	OSTROVSKY, URI	4042 INVERRARY DRIVE 824 N. Victoria Park Rd.	LAUDERHILL FL 33319 33304
			300002524403--6 05/15/98--01003--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARM, STEVEN ESQ.  
BOCA CORPORATE CENTER  
2101 CORPORATE BLVD. STE 215  
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL 33304

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

REGISTERED AGENT MUST SIGN

Date 5/6/98

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 #

11-19-97 805-534-9092

CR20040 (8/97)



2

Corporate Accounting  
and Business Development

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

***November 19, 1997***

***Ref.: Sparkling Food Service, Inc.***

*Dear Sir/Madam,*

*Please accept the check for \$165.00 for Sparkling Food Service, Inc. as my client has just received this notice. The address it was being sent to was his attorney in Boca Raton and he did not forward this to him.*

*Sincerely,*

A handwritten signature in black ink, appearing to read 'George Brito'.

*George Brito  
Accountant*

*GB/irp*