

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99-01
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PM 12:00

DOCUMENT # P 96000059031

1. Corporation Name

WHITE ONIONS, INC.

W01-23827

Principal Place of Business

Mailing Address

247 NW 23 Street
Miami, FL 33127

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

07/15/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0683711

Applied For

City & State

City & State

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Norma Sinclair	247 NW 23 Street	Miami, FL 33127

4000004700584--4
-11/30/01--01055--015
****773.75 ****773.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Norma Sinclair
247 NW 23 Street
Miami, FL 33127

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

Norma Sinclair

REGISTERED AGENT MUST SIGN

Date

10/24/01

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible AD

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:

Norma Sinclair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/01

(305) 573-4314

Date

Daytime Phone #

CR2E081 (12/98)

LINDA M. SMITH

ATTORNEY AT LAW

BISCAYNE CENTRE • SUITE 200
11900 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33181

POST OFFICE BOX 546702
BAL HARBOUR, FLORIDA 33154

TELEPHONE (305) 866-6434
FACSIMILE (305) 866-7159

October 5, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: WHITE ONIONS, INC.; Application for Reinstatement

Dear sir or madam:

I am enclosing an Application for Reinstatement of the above-named corporation. In addition, I enclose a check in the amount of \$773.75 which represents the reinstatement fee and the annual report fees for 1997 through 2001, and the certificate of status fee of \$8.75.

No notice was received for the year 1997 so we are asking to waive any late fees for this reinstatement.

Kindly return the original certificate of status to me in the stamped self addressed envelope.

Your prompt attention to this matter is greatly appreciated.

Very truly yours,



Linda M. Smith

LMS:at

Enc.