

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

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

FILED

97 DEC 22 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067676

1. Corporation Name
P.K.'S OF MIAMI BEACH, INC.

Principal Place of Business
1425 LENOX AVENUE
MIAMI BEACH FL 33139

Mailing Address
1425 LENOX AVENUE
MIAMI BEACH FL 33139



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

2. New Principal Office Address, if Applicable 9500 NW 12th street Suite, Apt. #, etc. Unit # 4 City & State MIAMI, FL Zip 33172 Country U.S.A.	3. New Mailing Office Address, if Applicable 9500 NW 12th street Suite, Apt. #, etc. Unit # 4 City & State MIAMI, FL Zip 33172 Country U.S.A.
--	--

4. Date Incorporated or Qualified To Do Business In Florida 08/07/1996	5. FEI Number 65-0683577	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	KRAMER, RINA	1425 LENOX AVENUE	MIAMI BEACH FL 33139
VST	PERLSTEIN, HARRY L	1000 WEST AVENUE	MIAMI BEACH FL 33139

500002382605-5
12/24/97-01074-014
****165.00 ****165.00

8. Name and Address of Current Registered Agent
KRAMER, RINA
1425 LENOX AVENUE
MIAMI BEACH FL 33139

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 *Kramer*
Date 12/15/1997
REGISTERED AGENT MUST SIGN

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: *Kramer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12/15/97
Daytime Phone # (305) 436 3013

CP25040 (8/97)



P.K. Distributors of Miami Beach

2

Rina Kramer
Pager: (305) 339-3919

Harry Perlstein
Pager: (888) 457-2753

"We believe in the traditional values of serving your needs first."

December 16, 1997

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

RE: P.K.'S OF MIAMI BEACH, INC. -- P96000067676

It has come to our attention we have never received our annual report renewal forms for the mentioned corporation. We are aware that the deadline for filing has past, but we respectfully request a waiver of penalties and late fees as we never received the documentation normally sent by the state.

Enclosed please find a check for \$165.00. Please process our annual report as if it was filed timely. Your cooperation and understanding is appreciated.

Yours truly,

Rina Kramer, President