PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

RM 98-99 AR

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

DOCUMENT # P96000076776

FILED
99 JUN 21 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/24/99--01100--006
****300.00 - ****300.00

1. Corporation Name
P.K.'S of Miami Beach, Inc.

Principal Place of Business
360 N.E. 62 St
Miami Fl 33137

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 08/07/1996

5. FEI Number 65-068-3785

6. CERTIFICATE OF STATUS DESIRED ☐ Applied For ☐ Not Applicable
$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
P	KRAMER RINA	1425 LENOX Avenue	Miami Beach/Fl/33139
V/S	PERLSTEIN HARRY	9364 Collins Avenue	SURFSIDE/Fla/33154

8. Name and Address of Current Registered Agent
RINA KRAMER
1425 LENOX Avenue
Miami Beach, Fla, 3

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

I appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Agent _____
REGISTERED AGENT MUST SIGN

corporation owes the current year
ible Personal Property Tax due June 30.

Date 6/17/99

Yes ☐ No ☒ (See other side for information on intangible tax.)

m 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
f 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
poration 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
n is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RINA KRAMER

6/17/99
Date

(305) 861-2277 @
Daytime Phone #

CR2E081 (12/98)

P.K Distributors of Miami Beach

RINA KRAMER
PAGER:(305) 339 3919

HARRY PERLSTEIN
PAGER:(305) 339 0011

"WE BELIEVE IN THE TRADITIONAL VALUES OF SERVING YOUR NEEDS FIRST"

6/17/99

Dear Mr. Fisher,

As pr our conversation, enclosed all the documents required for registrating our corporation - Due to a change of adress, we did not get in the mail and we could not file on time -
Thank you for your cooperation in this matter -
Enclosed is the check that you requested for $300.00 - in order to waive the penalties -

Sincerely,

Harry Perlstein

360 NE 62ND STREET MIAMI FL 33137
TEL : (305) 757 9596

E-MAIL : RINA.KRAMER@GTE.NET
FAX : (305) 757 9122

HARRY PERLSTEIN
360 NE 62ND ST
MIAMI,FL 33137

Request taken by: yfisher
05-27-1999

The forms you recently requested from this office are:

(1) 203. Reinstatement (Corp)

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314