

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 NOV 27 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008836931
11/06/02--01134--003 **150.00

DOCUMENT # P96000073095

1. Corporation Name

PALMETTO SANDWICH SHOP, INC.

Principal Place of Business

7805 CORALWAY
SUITE 120
MIAMI FL 33155
US

Mailing Address

14701 SW 155 PLACE
MIAMI FL 33196
US

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

08/29/1996

5. FEI Number

65-0702299

Applied For

Not Applicable

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 3	City / State / Zip 4
DPST	BALAREZO, GLORIA	14701 SW 155 PLACE	MIAMI FL 33196

8. Name and Address of Current Registered Agent

BALAREZO, GLORIA
14701 SW 155 PLACE
MIAMI FL 33196

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. or 617.0505, F.S.

Signature of
Registered Agent

Gloria Balarezo
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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:

Gloria Balarezo
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/02 305 261 823

CR2E040 (8/02)

2052

October 25, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am in receipt of your notice for reinstatement and spoke with one of your representative, Barbara. I let her know that I sent a letter stating that I had already sent the payment back in April for \$150.00. She then informed me that she has no record of the check and asked me to put a stop payment and reissue another one for \$150.00. She also asked me to send it to The Division of Corporations Annual Report/Reinstatement Section.

I apologize for any inconvenience this matter has cause and if you have any further questions please feel free to give me a call.

Thank you,



Gloria Balarezo