

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



400024083634
10/24/03--01028--013 **150.00

DOCUMENT # **P96000078097**

1. Corporation Name

DULIN FOOD SERVICE, INC.

Principal Place of Business

Mailing Address

3850 N 29TH TERRACE
#105
HOLLYWOOD FL 33020
US

3850 N 29TH TERRACE
#105
HOLLYWOOD FL 33020
US

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

2. New Principal Office Address, If Applicable

3433 Hollywood Oaks Dr.

Suite, Apt. #, etc.

Hollywood, FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33312

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1996

5. FEI Number

65-0700777

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
PSTD	JOHNSON, BARBARA M	107 KENSINGTON ROAD	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

FINK, BRIAN L
1700 ALFRED I. DUPONT BLDG.
169 EAST FLAGLER STREET
MIAMI FL 33131

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

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

Date

Daytime Phone #

CR2040 (7/03)

FROM: Dulin Food Service, Inc.
3850 N 29 Terr. #105
Hollywood, FL 33020

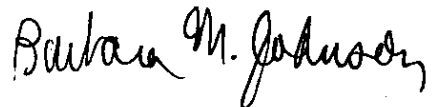
SUBJECT: REINSTATEMENT
FEI # 65-0700777

REQUEST FOR FEE WAIVER

Please waive the reinstatement fee as Dulin Food Service did not receive the annual report.

Please find enclosed the regular \$150.00 fee.

Sincerely,

A handwritten signature in cursive script that reads "Barbara M. Johnson".

Barbara M. Johnson
President