

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000005579

1. Corporation Name

THE ANTIQUE SHOPPE-AN ITALIAN EATERY, INC.

Principal Place of Business

Mailing Address

% PIETER BAKKER, 2699 COLLINS AVE.
SUITE 107-108
MIAMI BEACH FL 33140

% PIETER BAKKER, 2699 COLLINS AVE.
SUITE 107-108
MIAMI BEACH FL 33140

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

01/17/1997

5. FEI Number

65-0734772

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BAKKER, PIETER	2699 COLLINS AVE., SUITE 107-108	MIAMI BEACH FL 33140
D	BAKKER, SHIRLEY	2699 COLLINS AVE., SUITE 107-108	MIAMI BEACH FL 33140
			400002730914--1
			-01/05/99--01075--025
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAAVEDRA, JOSE A ESQ
1428 BRICKELL AVENUE
8TH FLOOR
MIAMI FL 33131

Name

Pieter Bakker

Street Address (P.O. Box Number is Not Acceptable)

2699 Collins Avenue

Suite, Apt. #, Etc.

Suite 107-108

City

Miami Beach

State

FL

Zip Code

33140

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

[Signature]

NOTARIAL SEAL REQUIRED

REGISTERED AGENT MUST SIGN

Date December 27/1998

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:

[Signature]

Pieter Bakker

Dec. 27/1998

(305)538-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)