

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P 97 00000 88 01

1. Corporation Name

DESTAN Chocolate, Inc

Principal Place of Business

Mailing Address

4604 Niatos Road
Sunrise, FL 33351

SAME

88 MAR 15 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable

2999 BRICKELL AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2999 BRICKELL AVE

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33129

Country

US

Zip

33129

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1-29-97

5. FEI Number

65-0728241

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	DEAN ZIFF	2999 BRICKELL AVENUE	MIAMI, FL 33129

600002814276--2
-03/22/99--01143--020
****900.00 ****900.00

OB
3-17-99

8. Name and Address of Current Registered Agent

Stan Schultz
4604 Niatos Road
Sunrise, FL 33351

9. Name and Address of New Registered Agent

Name

DEAN ZIFF

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

2999 BRICKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33129

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

Dean M. Ziff

REGISTERED AGENT MUST SIGN

Date

3-3-99

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean M. Ziff

3/3/99
Date

(805) 882-0323
Daytime Phone #