

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 30 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000016920

1. Corporation Name

SURF CAFE, INC.

Principal Place of Business

Mailing Address

395 NORTHEAST SPANISH RIVER BLVD  
BOCA RATON FL 33431

395 NORTHEAST SPANISH RIVER BLVD  
BOCA RATON FL 33431

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/21/1997

5. FEI Number

15-4663536

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
D	BAXTER, TED	706 SOUTHEAST 5TH COURT	DEERFIELD FL 33441

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

X PLEASE  
CALL IF  
ANY QUESTIONS.  
561 251  
7714

Name

THEODORE HILL BAXTER

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

395 NE SPANISH RIVER BLVD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/22/00  
10/12/00  
TH

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 251  
7714