

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

NOV 15 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000025959

1. Corporation Name

BIG TOMATO FRANCHISE, INC.



REINSTATEMENT 1998-1999

Principal Place of Business

12447 SOUTH DIXIE HWY.
MIAMI FL 33156

Mailing Address

12447 SOUTH DIXIE HWY.
MIAMI FL 33156

If above addresses are incorrect in any way, list 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

03/12/1997

5. FEI Number 0929898

65-0829998

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BORENSTEIN, RICHARD	C/O 12447 SOUTH DIXIE HIGHWAY	MIAMI FL 33156

7000002814267--0
-03/22/99--01143--017
****900.00 ****900.00

8. Name and Address of Current Registered Agent

KENNETH F. DARROW, P.A.
9200 S DADELAND BLVD
SUITE 412
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name
RICHARD BORENSTEIN
Street Address (P.O. Box Number is Not Acceptable)
12447 S. DIXIE HWY
Suite, Apt. #, Etc.
MIAMI, FL
City
State
FL
Zip Code
33156

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]

REGISTERED AGENT MUST SIGN

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

2/10/99 305-233-3349
Date Date of Filing