

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**CORPORATION
REINSTATEMENT**

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

FILED

00 FEB 10 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000057514**

1. Corporation Name
NOSH, INC.

2. Principal Office Address
720 5TH AVENUE SOUTH

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip Country
34102 USA

3. Mailing Office Address
720 5TH AVENUE SOUTH

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip Country
34102 USA

4. Date Incorporated or Qualified
To Do Business in Florida **1998**

5. FEI Number
65-0764955

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name
MICHAEL J. HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
2470 TREASURE LANE

Suite, Apt. #, Etc.

City
NAPLES

State Zip Code
FL 34102

400003141684-1
-02/21/00--01092--026
******450.00 ****450.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **1/25/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL J. HERNANDEZ	2470 TREASURE LANE	NAPLES, FL 34102
S	WILLIAM HOLCOMB	7306 ASCOT CT, #16-1	NAPLES, FL 34104
T	DAVID HAMMOND	621 SQUIRE CIRCLE, #204	NAPLES, FL 34102

10. 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.

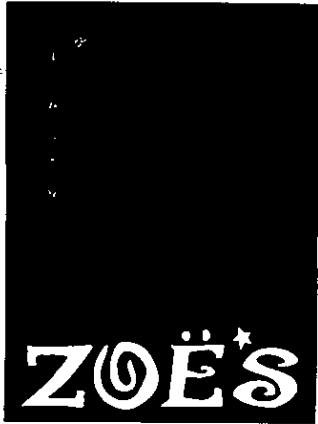
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/25/00** Daytime Phone # **941-261-1221**

CR2E081 (9/99)

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January 28, 2000

Department of State
Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

Re: Nosh, Inc. DBA Zoe's
FEI Number 65-0764955

Regarding the Corporation Annual Report, we have never received it or anything that pertains to it. We would greatly appreciate your consideration on abating any fees connected to reinstatement.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Michael J. Hernandez".

Michael J. Hernandez
Owner/President