

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 10 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070725

1. Corporation Name

M-FIVE RESTAURANT GROUP, INC.

Principal Place of Business

Mailing Address

17901 BISCAYNE BLVD
AVENTURA FL 33160

17901 BISCAYNE BLVD
AVENTURA FL 33160

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0802313

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| P | MOLLER, MOGENS | 17901 BISCAYNE BLVD | AVENTURA FL 33160 |
| | | | |
| | | | |
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06/09/03 90116 045 \$150.00

400023707044
10/10/03--01046--006 **400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIPNIS, ALAN G ESQ.
KIPNIS TESCHER LIPPMAN & VALINSKY
ONE FINANCIAL PLAZA, SUITE 2308
FORT LAUDERDALE FL 33394

Name MOGENS MOLLER

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

17901 BISCAYNE BLVD.

Suite, Apt. #, Etc.

City AVENTURA

State FL

Zip Code 33160

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/8-03

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

MOGENS MOLLER

PRB3

Date

Daytime Phone #

10/8-03-305-935-2202

CR2E040 (7/03)



BISTRO ZINC

17901 Biscayne Boulevard Aventura, Florida 33160

2022

Miami 10/8-03

TO WHOM IT MY CONCERN.

WE, M-FIVE REST. GRP. INC. DID NOT RECEIVE
ANY NOTICE FOR CORRECTIONS.

THE REPORT WAS FILED WITH PAYMENT
OF \$ 150⁰⁰. INCLUDED WITH THIS LETTER
IS A CHECK OF \$ 400⁰⁰ FOR ADDITIONAL FEES

Thank you.

MOGENS MOLLER, PRES.