

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000073964**

1. Corporation Name

MIRAMAR EATERY, INC.

Principal Place of Business

10996 PEMBROKE RD
MIRAMAR FL 33025

Mailing Address

10996 PEMBROKE RD
MIRAMAR FL 33025

If above addresses are incorrect in any way, line 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

08/27/1997

5. FEI Number

65-0928118

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PARISOTTI, JOSEPH	11331 N.W. 5TH STREET	PEMBROKE PINES FL 33028
S	PARISOTTI, SALVATORE	11331 N.W. 5TH STREET	PEMBROKE PINES FL 33028

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****150.00 ****150.00

8. Name and Address of Current Registered Agent

PARISOTTI, JOSEPH
2175 NW 158 AVE
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name PARISOTTI JOSEPH
Street Address (P.O. Box Number is Not Acceptable)
2175 NW 158 AVE
Suite, Apt. #, Etc.

City PEMBROKE PINES

State

Zip Code

FL

33028

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

Joseph Parisotti
REGISTERED AGENT MUST SIGN

Date

10-10-01

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:

Joseph Parisotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH PARISOTTI 10-10-01

Date

Daytime Phone #

(954) 437-0224

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October 18, 2001

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

RE: Miramar Eatery, Inc.
10998 Pembroke Road
Miramar, FL 33025
FID# 65-0928118

To Whom It May Concern:

We are writing this letter in response to the notice of Dissolution received October 10, 2001. Please know that we did not receive the first or second notice for the annual report. Enclosed, is the notice of reinstatement as well as a payment of \$150.00, the amount due for the annual report. We ask that you accept this in order to reinstate our corporation.

Thank you in advance for your cooperation.

Sincerely,



Joseph Parisotti