

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 JAN 12 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97000078327**

1. Corporation Name

Adler Restaurant Enterprises, Inc.

Principal Place of Business

**4133 NW 88th Ave
Ft. Lauderdale, FL
33361**

Mailing Address

**2213 E. Atlantic Blvd
Pompano Beach, FL
33062**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4133 NW 88 Ave

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

Zip

33351

Country

3. New Mailing Office Address, If Applicable

2213 E. Atlantic Blvd

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/8/97

5. FEI Number

65-0781389

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Oscar Rampone	4172 Inverrary Drive Bldg 7, Unit 212 Lauderhill, FL 33319	Lauderhill, Florida 33319

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-01/14/00-01097-003

****150.00 ****150.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Oscar Rampone
4172 Inverrary Drive
Bldg 7, Unit 212
Lauderhill, FL 33319**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

1/5/00

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar Rampone

Date

Daytime Phone #

1/5/00

954-785-3855

CR2E081 (12/98)