

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 APR -6 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098798

1. Corporation Name

MULBERRY STREET GOURMET CORP.

Principal Place of Business

11379 W. PALMETTO PARK RD.
BOCA RATON FL 33428
US

Mailing Address

11379 W. PALMETTO PARK RD.
BOCA RATON FL 33428
US

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

2. New Principal Office Address, If Applicable

20283 STATE RD 7

Suite, Apt. #, etc.

SUITE 400 D7

City & State

BOCA RATON FL

Zip

33498

Country

USA

3. New Mailing Office Address, If Applicable

20283 STATE RD 7

Suite, Apt. #, etc.

SUITE 400 D7

City & State

BOCA RATON FL

Zip

33498

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1997

5. FEI Number

65-6794811

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PLATTEN, DON	11962 WATERWOOD DRIVE	BOCA RATON FL 33428
VP	ISADORE ROTH	20283 STATE RD 7 STE 400 D7	BOCA RATON FL 33498
			200003213552--5 -04/18/00--01115--010 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

KLEIN, JEFFREY G
23123 STATE ROAD SEVEN, STE. 350-B
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

DANIEL ALVIN

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

20283 STATE RD 7

Suite, Apt. #, Etc.

SUITE 400 D7

City

BOCA RATON

State

FL

Zip Code

33498

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/4/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/00 (561)864-2300

Daytime Phone #

KE