

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY 15 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

*P98000001372*  
*Kosher Rika Enterprises Inc.*

2. Principal Office Address

*2699 Stirling Rd.*

Suite, Apt. #, etc.

*C-405*

City & State

*Ft. Lauderdale*

Zip

*33021*

Country

*USA*

3. Mailing Office Address

*1775 Washington Ave*

Suite, Apt. #, etc.

*PH1*

City & State

*Miami Beach, FL*

Zip

*33139*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*Jan 7 '98*

5. FEI Number

*65-0804879*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*Jamie Y. Shifman*

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

*1775 Washington Ave*

Suite, Apt. #, Etc.

*PH1*

City

*Miami*

State

*FL*

Zip Code

*33139*

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

*JY Shifman*

REGISTERED AGENT MUST SIGN

Date *5/12/00*

**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
Treasurer, President, Secretary	<i>Yehuda M. Shifman</i>	<i>1775 Washington Ave PH1 Miami Beach, FL 33139</i>	<i>Miami Beach, FL 33139</i>
			<i>99-00AR</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/11/00*  
Date

*305-804-8007*  
Daytime Phone #

CR2E081 (9/99)

Jamie Shifman for  
KOSHER RICA ENTERPRISES INC.  
1775 Washington Ave. PH1  
Miami Beach, FL 33139  
305-695-8030  
305-695-8151

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

Please accept the enclosed check for \$308.75 to cover \$150 for last year's (nonfiled) annual report, \$150 for this year's annual report and the \$8.75 fee for a certificate.

Although we sent you a request for last year's reinstatement and a waiver of the penalty fee, we did not ever receive your return correspondence accepting our request. Apparently, that was sent to an address at 173rd St. NMB. Since we did not hear from you, we figured (incorrectly) that everything was fine. It was not until the annual report came due again, that we discovered the truth that we were not ever reinstated as we had thought. We are glad to have the opportunity to resolve the situation at this time

The enclosed reinstatement form will give you 2 updated addresses, one for business location, another for mailing correspondence. We sincerely apologize for any inconvenience that we may have caused to you or any of your helpful staff in completing this process. With great thanks, we appreciate you for taking care of this for our company.

Fondly,



J.Y. Shifman