

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000004426**

99AR

1. Corporation Name

CLEOPATRA FOOD & WHOLESALE DISTRIBUTING, INC.

Principal Place of Business

2901 NE 49TH ST. SUITE 3
FT LAUDERDALE FL 33308

Mailing Address

2901 NE 49TH ST. SUITE 3
FT LAUDERDALE FL 33308

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

01/14/1998

5. FEI Number

☒ 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
D	EKSERJIAN, CARLO	2901 NE 49TH ST, SUITE 3	FT LAUDERDALE FL 33308
			800003065978--5 -12/10/99--01004--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

EKSERJIAN, CAROL
2901 NE 49TH ST, SUITE 3
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

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

Carlo Ekserjian
REGISTERED AGENT MUST SIGN

Date

11-22-99

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:

Carlo Ekserjian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-22-99

Daytime Phone #

FILED

99 NOV 23 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/99)

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #212
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professionals

November 22, 1999

2

Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: CLEOPATRA FOOD & WHOLESALE DISTRIBUTING, Inc.
Annual report

Dear Sirs,

The above referenced corporation has never received any notices before at all. Please accept this application along with the check in the amount of \$150.00 for the filing fees. Although the registered agent never informed me about receiving any annual reports before.

Correct Address: 292 NW 2nd St.
Deerfield Beach, FL 33441

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours,


Andre K Kattoura