

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 10 PM 4:18

DOCUMENT # P98000011767

1. Corporation Name

GREENHOUSE DELI, INC.

Principal Place of Business

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33334

Mailing Address

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33334

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

2. New Principal Office Address, If Applicable

1571 Sawgrass Corporate

Suite, Apt #, etc

DKW 135

City & State

Sunrise, FL 33323

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

02/04/1998

5. FEI Number

65-0810614

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
OWNER	JAWAD MURADI	10-28 N.W. 124 Terr.	Sunrise, FL 33323

after my telephone conversation
because you don't put
the suite # I need
receipt my form
please don't forget my
suite #
Thank You

8. Name and Address of Current Registered Agent

MURADI, JAWAD
1028 NW 124 TERRACE
SUNRISE FL 33323

Name

Street

Suite

City

900003053289--0
-11/24/99--01002--008
****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date 10/19/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-99

AD

CR2E040 (8/99)