

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 FEB -7 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



99-00AB

DOCUMENT #

1. Corporation Name

American Bowl Corporation

Document # P98000013841

2. Principal Office Address

6744 Northeast 4th Avenue

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33138

Country

USA

3. Mailing Office Address

PO Box 402766

Suite, Apt. #, etc.

City & State

Miami Beach Florida

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 20, 1998

5. FEI Number

☒ 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

Orly Stern

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

4396 pinetree Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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

Orly Stern

Date 2/2/00

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| P | Orly Stern | 4396 pinetree Drive | 33140 } same |
| VP | Jeff Stern | Miami Beach Florida | |
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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:

Orly Stern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

3056721242

Daytime Phone #

CR2E081 (9/99)