

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *DA*
REINSTATEMENT



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

DOCUMENT # **P98000014496**

1. Corporation Name

PEPPAPOT HUT, INC.

Principal Place of Business

Mailing Address

6023 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068

6023 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1998

SP

5. FEI Number

65-0816861

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	SEEBARAN, SUNITA	6023 KIMBERLY BLVD.	NORTH LAUDERDALE FL 33068
VPTS	RAMSARAT, SALLY	6023 KIMBERLY BLVD.	NORTH LAUDERDALE FL 33068 Delete
D	RAMSARAT, SALLY	6023 KIMBERLY BLVD.	NORTH LAUDERDALE FL 33068 Delete
			100003059591--1 -12/03/99--01015--011 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEEBARAN, SUNITA
6023 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068

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 607.0605, F.S.

Signature of
Registered Agent

Sunita Seebaran **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11-15-99

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:

Sunita Seebaran **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-99 954-978-0386

Date

Daytime Phone #

CR2040 (6/99)