

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 3

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 31 - AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016482

1. Corporation Name

GRANDPA'S "OHL SOUTHERN" COFFEE CAKE, INC.

Principal Place of Business

Mailing Address

6744 NORTHEAST 4TH AVENUE  
MIAMI FL 33138

P.O. BOX 402766  
MIAMI BEACH FL 33140

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

02/20/1998

5. FEI Number

APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	STERN, ORLY	4396 PINETREE DRIVE	MIAMI BEACH FL 33140
VP	STERN, JEFFREY	4396 PINETREE DRIVE	MIAMI BEACH FL 33140
			600004912256--1 -02/12/02--01065--021 ****150.00 ****150.00
			600004912256--1 -02/12/02--01065--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STERN, ORLY  
4396 PINETREE DRIVE  
MIAMI BEACH FL 33140

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01

CR2E040 (8/01)

To Whom it may concern,

We have not received these forms until Nov 12, 2001. Our mailing address has changed to

4396 pinetree Drive  
Miami Beach, FL 33140.

We were unable to access the PO Box mail. I'm sorry for the confusion. We are working on a FEI # w/ a man named Richard Monypenny at the IRS. I am enclosing a check for \$150 for lack of cooperation. Please call me when you receive this letter at 305-606 8396 so we can make sure that everything is okay. Thanks for your help in advance.

Andy S.

SS-4

## Application for Employer Identification Number

(Rev. April 2000)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

Department of the Treasury  
Internal Revenue Service

Keep a copy for your records.

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions) <b>GRANDPA'S "OHL SOUTHERN" COFFEE CAKE INC</b>	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) <b>PO Box 402766</b>	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <b>MIAMI BEACH, FLORIDA 33140</b>	5b City, state, and ZIP code
6 County and state where principal business is located <b>MIAMI FLORIDA</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee - SSN or ITIN may be required (see instructions) ▶ <b>ORLY STERN, JEFFREY STERN</b>	
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.	
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard <input type="checkbox"/> Other corporation (specify) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Trust <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶	
8b If a corporation, name the state or foreign country (if applicable) where incorporated	Foreign country
9 Reason for applying (Check only one box.) (see instructions)	
<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Other (specify) ▶	
10 Date business started or acquired (month, day, year) (see instructions)	
11 Closing month of accounting year (see instructions)	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶	
14 Principal activity (see instructions) ▶	
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used ▶	
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale)	
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.	
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ▶	
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Business telephone number (include area code)	
Fax telephone number (include area code)	
Name and title (Please type or print clearly.) ▶ <b>Orly Stern - President</b>	
Signature ▶ <b>Orly Stern</b> Date ▶	
Note: Do not write below this line. For official use only.	
Please leave blank ▶	Reason for applying