

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 15 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000048138**

1. Corporation Name

**KOSHER CITY PLUS, INC.**

Principal Place of Business

654 NW 130 AVENUE  
PEMBROKE PINES FL

Mailing Address

654 NW 130 AVENUE  
PEMBROKE PINES FL

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

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1998

5. FEI Number

65-0844539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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	IFRAH, MICHAEL	654 NW 130 AVENUE	PEMBROKE PINES FL 33028
D	KADOSH, ARON	654 NW 130 AVENUE	PEMBROKE PINES FL 33028
			700003078237--2 -12/22/99--01075--009 ****600.00 ****600.00
			700003078237--2 -12/22/99--01075--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.  
100 SE 2ND STREET  
SUITE 2620  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name **ISRAEL GROSSSTEIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1930 N 55 AVENUE**  
Suite, Apt. #, Etc.

City **Hollywood**

State **FL**

Zip Code **33021**

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]*

Date **10/18/99**

REGISTERED AGENT MUST SIGN

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

*[Signature]*

**10/18/99**

Date

Daytime Phone #

**KE**