

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -5 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000060179**

1. Corporation Name

Xando Florida, Incorporated

2. Principal Office Address

1601 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33139

Country

USA

3. Mailing Office Address

242 West 36th Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10018

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 30, 1998

5. FEI Number

06-15229

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

CT Corporation Systems

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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

REGISTERED AGENT MUST SIGN

James A. Bordonaro
Assistant Secretary

Date **6/4/02**

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
	See attached sheet		

REINSTATEMENT 01-02

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH S. BETTNER CFO

Date

6/3/02

Daytime Phone #

212-739-7157

CR2E081 (8/01)

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Xando Florida, Incorporated

Corporation Restatement

Names and Address of Each Officer and/or Director

Titles	Name of Officers and/or Directors	Street Address	City/State/Zip
D/P/S	Craig Hantgan	242 West 36 th Street	New York, NY 10018
CFO/T	Kenneth S. Betuker	242 West 36 th Street	New York, NY 10018