

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068352

1. Corporation Name

SPECIAL EVENTS RESTAURANTS, INC.

Principal Place of Business

71 E. INDIANTOWN RD.
JUPITER FL 33458

Mailing Address

71 E. INDIANTOWN RD.
JUPITER FL 33458

JEFF PLATZ
603 GREENWOOD
JUPITER, FL
33458

DR.



REINSTATEMENT

00-01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1998

SP

5. FEI Number

65-0860428

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
D	SIMONS, ANTHONY PRES	3583 VICTORIA DR.	W. PALM BEACH FL 33406
B	HABICHT, MICHAEL	2233 22ND WAY	W. PALM BEACH FL 33407
B	VOGEL, SCOTT	2042 SUSAN AVE.	PALM BEACH GARDENS FL 33410
D	PLATZ, JEFF VP	374 RIVERSIDE DR. 603 GREENWOOD DR	PALM BEACH GARDENS FL 33410 JUPITER, FL 33458
			500003888175--6 -03/20/01--01053--008 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

SMITH, BRIAN W-ESQ
380 COLUMBIA DR
SUITE 102
W. PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

JEFF PLATZ VP

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

603 GREENWOOD DR

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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
JEFF PLATZ VP
REGISTERED AGENT MUST SIGN

Date

3/7/01

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
JEFF PLATZ VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01
Date

561 719-5599
Daytime Phone #

CR2E040 (8/00)