

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PM 4:27

DOCUMENT # P98000069291

1. Corporation Name

CHOCOLATE RAVIOLI BY MARKO, INC.

Principal Place of Business

Mailing Address

8872 LAKE PARK CIRCLE SOUTH  
DAVIE FL 33328

8872 LAKE PARK CIRCLE SOUTH  
DAVIE FL 33328



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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0856797

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	KELEMEN, LORI A	8872 LAKE PARK CIRCLE SOUTH	DAVIE FL 33328
VD	KELEMEN, MARK	8872 LAKE PARK CIRCLE SOUTH	DAVIE FL 33328
S	KELEMEN, SARA J	8872 LAKE PARK CIRCLE SOUTH	DAVIE FL 33328
T	MARSTEN, JAMES DR.	8872 LAKE PARK CIRCLE SOUTH	DAVIE FL 33328
			300003438073--0 -10/24/00--01092--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELEMEN, LORI A  
8872 LAKE PARK CIRCLE SOUTH  
DAVIE FL 33328

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

Mark Kelemen  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-13-2000

AD

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:

Mark Kelemen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-2000 (305) 625-4171  
Date Daytime Phone #

CR2E040 (800)

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MARK KELEMEN

July 28, 2000

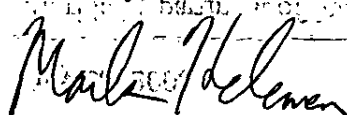
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Division of Corporations Dept.

This letter is to inform you that we have recently received the Uniform Business Report (UBR) documents. Although you state this is a second notice, we never received the initial report. Please be advised that we have timely filed our reports in the past and had we received the report we certainly would have filed by the due date.

We respectfully request that you accept payment of \$150.00 since it was not our intention to file late. Thank you very much in advance for your consideration in this matter.

Sincerely,

  
Mark Kelemen