

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -2 PH 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000005144**

1. Corporation Name

South Beach Food Services, Inc.

429 Española Way
429 Española Way

2. Principal Office Address

429 Española Way

3. Mailing Office Address

429 Española Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

400037569924
06/02/04--01013--012 **900.00

REINSTATEMENT

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

5. FEI Number

65-0790917

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

Steven R. Brownstein, Esq.

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

1320 S. Dixie Hwy

Suite, Apt. #, Etc.

1275

City

Coral Gables

State

FL

Zip Code

33146

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

Date

5/28/04

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
P/D	Marco Efrati	7135 Collins Avenue, #1705	Miami Beach, FL 33141
VP/S/D	Gina Efrati	7135 Collins Avenue, #1705	Miami Beach, FL 33141

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

[Signature] VP/sec/Director

Date

5/28/04 (305) 532-4299

Daytime Phone #