

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 21 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015085

1. Corporation Name

DAKA OF SOUTH FLORIDA, INC.

REINSTATEMENT

01-02

2. Principal Office Address

7830C WILES ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

Country

33067

BROWARD

Zip

Country

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

- 02/11/1999 -

5. FEI Number

65-0898301

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

DAVID A. GOLDSTEIN

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

7830C WILES ROAD

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State
FL

Zip Code

33067

800005664163--3

-06/03/02--01020-018

***\$300.00 ***\$300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date 5/14/02

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
D	DAVID A. GOLDSTEIN	7830C WILES ROAD	CORAL SPRINGS, FL 33067

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)(g), 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

Date

Daytime Phone #

CR25081 (8/00)