

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000029148

1. Corporation Name

KATZ DELI OF AVENTURA, INC.

Principal Place of Business

3585 NE 207TH STREET
AVENTURA FL 33180

Mailing Address

3585 NE 207TH STREET
AVENTURA FL 33180

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1999

5. FEI Number

65-0908068

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
OD	HAIBI, HAIM	3585 N.E. 207TH STREET 3565 N.E. 207 St	AVENTURA FL 33180

8. Name and Address of Current Registered Agent

HAIBI, RON
3585 NE 207TH STREET
AVENTURA FL 33180

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-2-02

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2ED40 (8/02)

Miami 12-4-02

Florida Department of Revenue

I'm writing you in regards to the 2002 Corporation Annual report for Katz Deli of Aventura, Inc fei (65-0908068)

This application was not completed by due date, because we recently moved to a new address and had a bookkeeper. My accountant has informed me of this oversight. I apologize for any inconvenience and would like to reinstate this corporation.

I would also appreciate if you could possibly wave the late Reinstatement fee of \$600.00. I have enclosed a check for \$150.00 for Annual report and corporate supplement fee.

I assure you this will never happen again.

Please feel free to contact me at 305-936-9555 or 954-868-9888.

Thank you in this advance for your cooperation.

Sincerely yours,



Ron Haibi, President

New address:

3565 N.E. 207st

Aventura, FL 33180