

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043410

1. Corporation Name

LE PAVILLON RESTAURANT INC.

Principal Place of Business

16526 N.E. 6 AVE.
NORTH MIAMI BEACH FL 33162

Mailing Address

16526 N.E. 6 AVE.
NORTH MIAMI BEACH FL 33162

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

2. New Principal Office Address, If Applicable

486 N.E. 167st

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. New Mailing Office Address, If Applicable

486 NE 167st

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33162

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1999

5. FEI Number

65-0918897

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
PTSD	CHANCE MARCELLUS, KITT	(13800 N.E. 11 AVE.) 170 N.E. 158st	NORTH MIAMI FL 33161 33162 Biscayne Gardens

600024984126
11/24/03--01099--022 **750.00

8. Name and Address of Current Registered Agent

CHANCE MARCELLUS, KITT
16526 N.E. 6 AVE.
NORTH MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name

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

170 N.E. 158st

Suite, Apt. #, Etc.

City

Biscayne Gardens

State

FL

Zip Code

33162

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

Chance Marcellus Kitt
REGISTERED AGENT MUST SIGN

Date 10/09/03

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)(l), 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:

Chance Marcellus Kitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

CR2E040 (7/03)