

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra S. Moultrie
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 12 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA900000 46978**

1. Corporation Name
GH FOOD SERVICES, INC.

Principal Place of Business

Mailing Address

~~1850 JOHNSON STREET~~
~~HOLLYWOOD, FL 33020~~
400 EXTRAOR DRIVE
HOLLYWOOD FLA 33021

~~1850 JOHNSON ST.~~
~~HOLLYWOOD FLA 33020~~
8760 S.W. 160th ST
MIAMI, FL 33157

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

2. New Principal Office Address, If Applicable
8760 SW 160 ST

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33157

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

5. FEI Number
65-0924841

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|---|
| VP | DAVID LOTTES | 8760 SW 160 ST 7640 N.W. 9 St | MIAMI, FL 33157 P.O. Box 33317 |
| D/P | ALAN WEITZEL | 8760 SW 160 ST | MIAMI, FL 33157 |
| | | | 300004494453--3 |
| | | | -07/24/01--01101--025 |
| | | | ****300.00 ****300.00 |
| | | | LS |

8. Name and Address of Current Registered Agent

DAVID LOTTES
8760 SW 160 ST
MIAMI, FL 33157

9. Name and Address of New Registered Agent

Name
Alan Weitzel
Street Address (P.O. Box Number is Not Acceptable)
8760 S.W. 160 St.
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33157

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **7/1/01**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

305-251-2859