

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

FILED

01 APR -4 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065221

1. Corporation Name

Che Pasta At Aventura, INC.
19575 Biscayne Blvd S-1373
Aventura, FL 33181

2. Principal Office Address

19575 Biscayne Blvd

Suite, Apt. #, etc.

S-1373

City & State

Aventura, FL

Zip

33180

Country

U.S.A

3. Mailing Office Address

19575 Biscayne Blvd

Suite, Apt. #, etc.

S-1373

City & State

Aventura, FL

Zip

33180

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/1999

5. FEI Number

65-0935879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02/05/01 90047 007 750000

7. Name and Address of Current Registered Agent

Name

NEDAL KALACH

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

2801 NE 183rd St

Suite, Apt. #, Etc.

#817 W

City

Aventura

State

FL

Zip Code

33160

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/30/01

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
Owner President	NEDAL KALACH	2801 NE 183rd St #817 W	Aventura, FL 33160
			78
			00-01 WBR

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]

Nedal KALACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

3059322652

Daytime Phone #

CR2E081 (9/00)

Che Pasta At Aventura

19575 Biscayne Blvd S 1373
Aventura, FL 33180

Tel: 305 932 2652
Fax 305 899 0611

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March 30, 2001

Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Dear Tyrone Scott;

This letter is to explain why we didn't file the 2000 corporate annual report on time because we have a new address 19575 Biscayne Blvd. S-1373, Aventura, FL 33180.

So can you please waive the late fees and the reinstatement fees. I sent you a check # 4323 for \$ 750.00 . so you can apply \$150 for the 2000 annual corporate return and \$ 150 for 2001 annual corporate return and refund my remainder \$ 450.00.

Sincerely,



Nedal Kalach
Owner/President