

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAY 18 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093486

1. Corporation Name

PRESTIGE FAMILY RESTAURANT, INC.

Principal Place of Business

Mailing Address

1212 SOUTH DIXIE HWY
LAKE WORTH FL 33460

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LAKE WORTH FL 33460

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

10/25/1999

5. FEI Number

☒ 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	4 City / State / Zip
President	Marie M. Jerome	1706 E. Terrace Drive	Lake worth, FL 33460
secretary	Walter Pierre	1072 Sea Grape Rd	Lantana FL 33462
Treasurer	Aniel Jerome	1706 E. Terrace Drive	Lake worth, FL 33460

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

JEROME, ANIEL
1706 E. TERRACE DRIVE
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name

Marie Monique Jerome

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

1706 E. Terrace Drive

Suite, Apt. #, Etc.

City

Lake worth

State

FL

Zip Code

33460

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

Marie M. Jerome
REGISTERED AGENT MUST SIGN

Date

5/2/01

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:

Marie M. Jerome
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/01

Daytime Phone #

533-0200

CR2E040 (8/00)