

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -3 PM 4:29

DOCUMENT # P99000096641

1. Corporation Name

B. Cohen Foodservice Dealers Supply Co.

400013631634
03/06/03--01056--030 **1200.00

2. Principal Office Address

18255 NE 4th Ct.

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Office Address

18255 NE 4th Ct.

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33162

Country

USA

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
To Do Business in Florida

November 3, 1999

5. FEI Number

65-0959370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce J. Cohen

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

18255 NE 4th Ct.

Suite, Apt. #, Etc.

City

N. Miami Beach

State
FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date

2-27-03

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
President	Bruce J. Cohen	18255 NE 4th Ct.	N. Miami Beach, FL
			33162

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce J. Cohen

Date

2-27-03

Daytime Phone #

305-249-0041

CR2E081 (10/02)