

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -6 AM 11:46

DOCUMENT # **S27568**

1. Corporation Name

**PEPITO, INC.**

Principal Place of Business

**13930 NW 60TH AVENUE  
HIALEAH FL 31274**

Mailing Address

**13930 NW 60TH AVENUE  
HIALEAH FL 31274**



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

2. New Principal Office Address, If Applicable

**14025 N.W. 60 Avenue**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**Miami Lakes, Florida**

City & State

Zip

**33014**

Country

**DADE**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/28/1991**

5. FEI Number

**65-0250436**

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
<b>D</b>	<b>LEVY, SIDNEY</b>	<b>10990 NW 60TH AVENUE 14025</b>	<b>MIAMI LAKES FL 33014</b>
			<b>200004726242--1</b>
			<b>-12/14/01--01007--024</b>
			<b>****750.00 ****750.00</b>

8. Name and Address of Current Registered Agent

~~RUBIN, STEVEN D~~

~~2200 MUSEUM TOWER~~

~~150 WEST FLAGLER STREET~~

~~MIAMI FL 33130~~

**Ted Klinghoffer**  
**One S.E. Third Avenue**  
**Miami, Florida**  
**33131-1714**

9. Name and Address of New Registered Agent

Name

**Ted Klinghoffer**

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

**One Southeast Third Avenue**

Suite, Apt. #, Etc.

**28th Floor**

City

**Miami, Florida**

State

**FL**

Zip Code

**33131-1714**

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

**10/18/01**

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:

**Sidney Levy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/18/01 305-5574193**

Date

Daytime Phone #

CR2E040 (8/01)