

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -1 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S67985

1. Corporation Name

Harvey's Bar, Inc.

300087496213
02/06/07--01041--007 **450.00

2. Principal Office Address - No P.O. Box #
6093 NW 62nd Terrace

3. Mailing Office Address
6093 NW 62nd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Parkland, FL

City & State
Parkland, FL

Zip
33067

Country
United States

Zip
33067

Country
United States

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 07/23/1991

5. FEI Number
65-0281790

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Jody M. Frankel

Street Address (P.O. Box Number is Not Acceptable) 6093 NW 62nd Terrace

Suite, Apt. #, Etc.

City Parkland

State FL Zip Code 33067

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jody M. Frankel

REGISTERED AGENT MUST SIGN

Date

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
P/D	Jody M. Frankel	6093 NW 62nd Terrace	Parkland, FL 33067

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 contained in Chapter 119, 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:

Jody M. Frankel, President/Director 1/29/2007

954-566-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell FEB 1 2007

282

January 30, 2007

OVERNIGHT DELIVERY

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RE: Reinstatement of Corporation

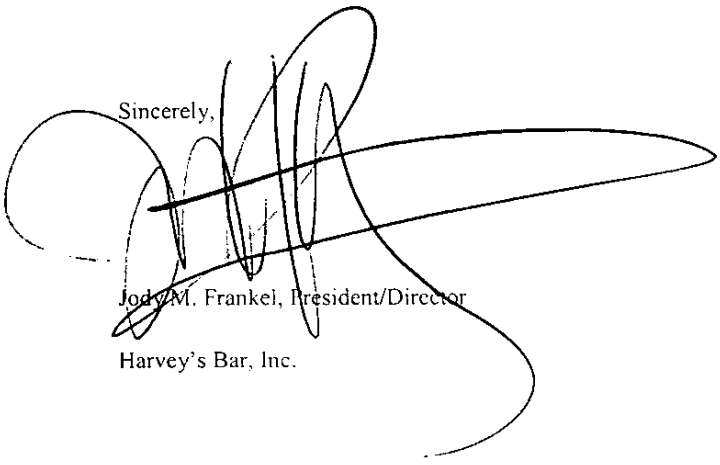
Harvey's Bar, Inc.

Dear Sir/Madam:

Enclosed is the Reinstatement application together with a check payable to the Department of State in the amount of \$450.00 representing the reinstatement fee. As identified on the application, the entity did not receive the prior notices related to the corporation.

I would appreciate your processing the enclosed application and if you have any questions, please contact me at 954-340-4771 to discuss.

Sincerely,



Jody M. Frankel, President/Director

Harvey's Bar, Inc.