

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 DEC -6 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S79374

1. Corporation Name

The Preferred Palate, Inc

2. Principal Office Address

19814 SW 80th Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

19814 SW 80th Ct

Suite, Apt. #, etc.

City & State-

Miami, Florida

City & State

Miami, Florida

Zip

33189

Country

Dade

Zip

33189

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1991

5. FEI Number

650283334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 11/20/06

7. Name and Address of Current Registered Agent

Name

Valentine, Elaine

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

19814 SW. 80th Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33189

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

Valentine

Date

12/4/06

REGISTERED AGENT MUST SIGN

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	Valentine, Elaine	19814 SW 80th Ct	Miami, FL 33189
VP	Rosado, Helen	Same	Same
S	Valentine, Neville	Same	Same

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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:

Valentine

Elaine Valentine 12/4/06

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-
252-7882