

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

02 MAR 25 PM 1:12

DOCUMENT # **S93047**

1. Corporation Name

**DISTINCTIVE RESTAURANTS, INC.**

Principal Place of Business

Mailing Address

21210-15A ST. ANDREWS BLVD  
BOCA RATON FL 33433  
US

21210-15A ST. ANDREWS BLVD.  
BOCA RATON FL 33433  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0303911

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	FORGIONE, DENNIS	21210-15A ST. ANDREWS BLVD	BOCA RATON FL 33433
D	BENNETT, SCOTT	65 W 55TH APT 6B	NEW YORK NY
V	FORGIONE, DAWN	21210-15A ST. ANDREWS BLVD.	BOCA RATON FL 33433
			700005175077-9 -03/28/02--01053--006 ****158.75 ****158.75
			700005175077-9 -03/28/02--01053--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BADACH, FRANK  
4730 NW 2ND AVE  
STE 200  
BOCA RATON FL 33431

Name

FRANK J. BADACH

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

568 YAMATO ROAD, SUITE 200

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

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

Date

3/20/01

REGISTERED AGENT MUST SIGN

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)(l), 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

3-20-01

Date

561-395-9808

Daytime Phone #

CR2ED40 (8/01)