

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 16 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48667

1. Corporation Name

Joy's Roti Delight, Inc.

2. Principal Office Address

1235 NW 40th Ave

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip

33313

Country

USA

3. Mailing Office Address

1235 NW 40th Ave.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip

33313

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07-01-92

5. FEI Number

65-0490218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kwame Tweneboah

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

613 SW 76 Avenue

Suite, Apt. #, Etc.

City

N. Lauderdale

State

FL

Zip Code

33068

600003155706-3

-03/03/00--01005--016

***1800.00 ***1800.00

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

[Signature]

Date 2/10/00

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
President	Vishwanath Ramsarao	6271 NW 16th Pl	Sunrise 33313
Vice President	Paramdaye gowkaran	6271 NW 16th Pl.	Sunrise 33313

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:

Paramdaye gowkaran
Paramdaye Gowkaran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 (954) 587-7700

Date

Daytime Phone #

CR2E081 (9/99)