

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V68987**

1. Corporation Name

**PLATT CAFE'S, INC.**

Principal Place of Business

901 US 27 N  
#22  
SEBRING FL 33870  
US

Mailing Address

9041 LAKE LYNN DR  
SEBRING FL 33870  
US

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

2. New Principal Office Address, If Applicable

901 US 27 N ~~#22~~  
Suite, Apt. #, etc.  
~~#22~~

City & State  
Sebring, FL

Zip  
33870

Country  
USA

3. New Mailing Office Address, If Applicable

9041 Lake Lynn Dr  
Suite, Apt. #, etc.

City & State  
Sebring, FL

Zip  
33870

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1992

5. FEI Number

59-3145137

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PLATT, LINDA C	9041 LAKE LYNN DRIVE	SEBRING FL 33870
V	PLATT, FRANK L	9041 LAKE LYNN DRIVE	SEBRING FL 33870

REINSTATEMENT 01

400004779454--6

-01/17/02--01002--026

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

PLATT, FRANK L  
9041 LAKE LYNN DRIVE  
SEBRING FL 33870

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Linda C. Platt*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-27-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Linda C. Platt*  
SIGNATURE REQUIRED

Date

Daytime Phone #

12-27-01

863-381-1495

CR2E040 (8/01)