

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 17 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F78054

1. Corporation Name
PHOENIX RESTAURANT OF SOUTH BREVARD, INC.

Principal Place of Business
101 S. COURTENAY PARKWAY (32952)
P.O. BOX 541366
MERRITT ISLAND FL 32954-8366
Mailing Address
101 S. COURTENAY PARKWAY (32952)
P.O. BOX 541366
MERRITT ISLAND FL 32954-8366



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
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
04/27/1982

5. FEI Number 59-2460182
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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes officers Unger, Hans and Oster, Werner.

2000002352452-1
-11/19/97-01103-021
\*\*\*750.00 \*\*\*750.00

REINSTATEMENT
Signature and date: Hans Unger 11/13/97

8. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD, ESQ.
101 S. COURTENAY PARKWAY
MERRITT ISLAND FL 32952

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code FL

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
REGISTERED AGENT MUST SIGN

Date 11/13/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. 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: Hans W. Unger
Date: 10/29/97
Daytime Phone #: 407/777-8414

CR25040 (8/97)