

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 22 PM 2:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F78054**

1. Corporation Name

**PHOENIX RESTAURANT OF SOUTH BREVARD, INC.**

Principal Place of Business

Mailing Address

101 S. COURTENAY PARKWAY (32952)  
 P.O. BOX 541366  
 MERRITT ISLAND FL 32954-8366

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 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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

\$9.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	UNGER, HANS	148 YOUNG AVENUE	COCOA BEACH FL
SD	OSTER, WERNER	148 YOUNG AVENUE	COCOA BEACH FL

800003028968 2  
 -10/29/99--01016--014  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Date

10/21/99

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.

KE

SIGNATURE:

*Hans Unger, President*  
 HANS UNGER, PRESIDENT

October 22, 1999

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR