

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 SEP 18 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000020825**

1. Corporation Name

**RESTAURANT Equipment Maintenance Mgmt. Inc.**

**500007902335--9**  
-09/20/02--01077--005  
\*\*\*308.75 \*\*\*308.75

2. Principal Office Address

**5535 Shad Rd**

Suite, Apt. #, etc.

**58**

3. Mailing Office Address

**P.O. Box 23882**

Suite, Apt. #, etc.

City & State

**Jacksonville, Florida**

City & State

**Jacksonville, Florida**

Zip

**32223**

Country

**DUVAL**

Zip

**32241**

Country

**DUVAL**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3463270**

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

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

**2831 Lake Vista Rd.**

Suite, Apt. #, Etc.

City

**Jacksonville**

State  
**FL**

Zip Code

**32223**

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

**Zianet Daley**  
REGISTERED AGENT MUST SIGN

Date

**9-16-02**

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	Thomas F. Daley	2831 Lake Vista Rd.	Jacksonville, FL 32223
Vice-P.	Zianet C. Daley	2831 Lake Vista Rd.	Jacksonville, FL 32223

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

**Zianet Daley / Zianet Daley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

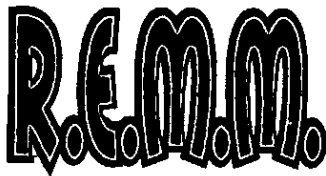
**9-16-02**

Date

Daytime Phone #

**904-260-0857**

CR2E081 (9/01)



DATE: 09-16-2002

Restaurant Equipment Maintenance Mngt. Inc.

P.O. BOX 23882  
JACKSONVILLE, FL. 32241  
PHONE# 904-260-0857  
FAX# 904-268-8618

TO: FLORIDA DEPARTMENT OF STATE / DIVISION OF CORPORATIONS  
FROM: THOMAS DALEY / PRESIDENT

SUBJ: CORPORATION REINSTATEMENT

WITH THIS LETTER I WOULD LIKE TO NOTIFIED THE FLORIDA DEPARTMENT OF STATE THAT OUR ADDRESS WAS CHANGED AND WE NOTIFIED THE PROPER DEPARTMENT BUT WE NEVER RECEIVED THE 2001 FILING FORM. I SPOKE TO THE REINSTATEMENT DEPARTMENT AND THEY ASKED ME TO WRITE THIS LETTER AND ALSO SEND \$300.00 TO PAY FOR PAST FILING FEES. ENCLOSED IS A CORPORATION REINSTATEMENT DOCUMENT. PLEASE UPDATE OUR RECORDS AND WE APOLOGIZE FOR ANY INCONVENIENCE . THANK YOU.

SINCERELY,

A handwritten signature in cursive script, reading "Thomas Daley". The signature is fluid and written in dark ink.