

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 333552

1. Entity Name
MARYLAND FRIED CHICKEN OF UNION PARK, INC.



08 NOV 14 AM 11:35

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9710 E. COLONIAL DRIVE
ORLANDO, FL 32817

Mailing Address
9710 E. COLONIAL DRIVE
ORLANDO, FL 32817

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 677248



Suite, Apt. #, etc.

Suite, Apt. #, etc.

11112008 REIN-P CR2E098 (1/07)

City & State

City & State
ORLANDO FL

4. FEI Number
59-1754933

Applied For
Not Applicable

Zip

Country

Zip

Country

32867

Orange

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTANTINE, DANNIE L
9710 E COLONIAL DR
ORLANDO, FL 32817

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P/ST
COSTANTINE, DANNIE
STREET ADDRESS
2844 UNIVERSITY ACRES DR
CITY-ST-ZIP
ORLANDO, FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800137927778
11/14/08--01043--011 **\$150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

D. Costantine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/08

Date

407-273-0486

Daytime Phone #