

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 546328 (6)

1. Corporation Name

NORTH FLORIDA RESTAURANT, INC.

Principal Place of Business

18801 Ventura Blvd.
Suite 200
Tarzana, CA 91356

Mailing Address

18801 Ventrua Blvd.
Suite 200
Tarzana, CA 91356

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3305683

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| DIR PRES | MARK ROULEAU | 18801 Ventura Boulevard Suite 200 | Tarzana, CA 91356 |
| SEC TREAS | JOHN G. KNIGHT | 18801 Ventura Boulevard Suite 200 | Tarzana, CA 91356 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.
Suite, Apt. #, Etc.
City Plantation State FL Zip Code 33324

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

Connie Bryan

Connie Bryan
REGISTERED AGENT MUST SIGN

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY 3-14-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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:

John G. Knight

John G. Knight
Secretary

03/04/97 818/345-9910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

97 MAR 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97
mwrB

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-03/17/97-01115-004
****750.00 ****750.00

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CR2040 (12/96)