

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 JAN 26 AM 7:46

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

700188958087  
01/26/11--01029--002 \*\*150.00

700188958087  
12/22/10--01030--013 \*\*1050.00

DOCUMENT # 686122

1. Corporation Name

Florida Fast Foods of Ocala, Inc. *DNB*

2. Principal Office Address - No P.O. Box #

3002 SE 23rd Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3002 SE 23rd Ave

Suite, Apt. #, etc.

City & State

Ocala, Fl.

Zip

Country

34471

City & State

Ocala, Fl.

Zip

Country

34471

4. Date Incorporated or Qualified  
To Do Business in Florida

1979

5. FEI Number

59-2017800

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

Dwight H Stephens, Sr.

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

3002 SE 23rd Ave

Suite, Apt. #, Etc.

City

Ocala, Fl. 34471

State

FL

Zip Code

34471

**REINSTATEMENT**

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

Dwight H Stephens, Sr.

REGISTERED AGENT MUST SIGN

Date 11/30/10

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
<u>P</u> President	<u>Dwight H Stephens, Sr.</u>	<u>3002 SE 23rd Ave.</u>	<u>Ocala, Fl. 34471</u>
<u>S.T.</u> Sec. Treasure	<u>Dwight H Stephens, Sr.</u>	<u>3002 SE 23rd Ave.</u>	<u>Ocala, Fl. 34471</u>

10. E-mail Address: dhsteph@cox.net

(To be used for future annual report notification)

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. I further certify, 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: Dwight H Stephens, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/10 352-572-6653

Date

Daytime Phone #