

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 834329

1. Corporation Name

WHATABURGER, INC.

Principal Place of Business

4600 PARKDALE DRIVE  
CORPUS CHRISTI TX 78411-9981

Mailing Address

4600 PARKDALE DRIVE  
CORPUS CHRISTI TX 78411-9981

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

County

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1975

5. FEI Number

74-1693771

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DOBSON, G. W.	<del>4600 PARKDALE</del> One Whataburger Way	CORPUS CHRISTI TX
VST	MCLELLAN, J.M.	<del>4600 PARKDALE</del> One Whataburger Way	CORPUS CHRISTI TX
CD	DOBSON, T. E.	<del>4600 PARKDALE</del> One Whataburger Way	CORPUS CHRISTI TX
P	TAFT, TIM	<del>4600 PARKDALE</del> One Whataburger Way	CORPUS CHRISTI TX 78411
✓	Beck, Wendy R	One Whataburger Way	Corpus Christi, TX 78411

8. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

Wendy Beck  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

Date

Daytime Phone #