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 #** 

F93000005648

1. Corporation Name

HARMAN-NICKOLAS RESTAURANT GROUP, INC.

Principal Place of Business

Mailing Address

FILED 97 MAY 29 PM 3: 49 SECRETARY OF STATE

L CONTROL LA CONTROL C

800 ALTON ROAD MIAMI BEACH FL 33139		ONE FIRST NATIONAL PLAZA CHICAGO IL 60809 US						
do Nick's Fishmarket			ling Office Address, If Applicable		4. Date Incom	Date Incorporated or Qualified     To Do Buelness in Florida     12/13/1993		
Sulte, Apt. M. etc.  ONE FIRST North Plazza  City & State  Chickey  City & State					5. FEI Numbe	5. FEI Number 36-3527818 Applied For Not Applicable		
Zip Loco 3 Country SA Zip			Country		6. CERTIFICATI	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprof	it corporations must list a	t least 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip		
PD	NICKOLAS, NICHOLAS S		6851 OLD OLINT MOORE ROAD		80CA RATON FL 88496 33431-0825			
С	HARMAN, GERALD	77430 IROQUOIS			INDIAN WELLS CA 92210			
DV	KARPF, STEVEN E	735 SMOKE TREE ROAD			DEERFIELD IL 60016			
DV PLACOURAKIS, AARON			150 KAILUANA PLACE			KAILUA HI 98734		
					O	0002196 -0\$/30/97 <sub>7</sub> -0	2105 1065018 ****915.00	
			<u>,</u>	REMS	TATEN	ENT. 92-	CM	
	8. Name and Address of Current F	Registered Age	nt	Name	9. Name and	Address of New Registered A	gent	
NICKO	DLAS, NICHOLAS S			Name				
300 ALTON ROAD				Street Address (P.O. Box Number is Not Acceptable)				
	BEACH FL 33139			<u>U6 0 ℓ</u> Sulte, Apt. #,	HAS DOG	Aton Report & C	i. la	
1				์ รัชโ	Cast Cam			
/	appointed the registered agent of the abo	va named com	actions am s	City ()	CA RATION	ION SOT AFOR ES	21p Code 33431-0825	
Signature o Registered	N.O.	GISTERED AG	LULA ENT MUST	SIGN	e congaporis of Sect	Date 4 24 47	anger and the second se	
11. Do De	es this corporation pay a pt. of Revenue under S.	ny intang 199.032,	ible tax Florida	to the Statutes. Ye	s 🗆 No 🗵	(See other sid on intan	e for information gible tax.)	
	that I am an officer or director or the recenstatement application, the reason for disso							

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

en this application is true and accurate, and my signature shall have the same legal effect as if made under oath.