

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 10:29

DOCUMENT # **F93000005719**

1. Corporation Name

ARTHUR TREACHER'S INC.

Principal Place of Business

Mailing Address

7400 BAYMEADOWS WAY
STE. 300
JACKSONVILLE FL 32256

ATTN: WILLIAM SACULLA
P.O. BOX 550617
JACKSONVILLE FL 32255

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

12/16/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1413104

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 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	4 City / State / Zip
PD	SACULLA, WILLIAM	7400 BAYMEADOWS WAY, SUITE 300	JACKSONVILLE FL 32256
D	GALLOWAY, BRUCE	7400 BAYMEADOWS WAY, STE. 300	JACKSONVILLE FL 32256
D	THORGASSON, SKULI	7400 BAYMEADOWS WAY, STE. 300	JACKSONVILLE FL 32256
DCEO	GALLOWAY, BRUCE	7400 BAYMEADOWS WAY, SUITE 300	JACKSONVILLE FL 32256
100003029811--0 -11/01/99--01004--009 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SACULLA, WILLIAM
7400 BAYMEADOWS WAY
STE. 300
JACKSONVILLE FL 32256

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William Saculla
REGISTERED AGENT MUST SIGN

Date 10/14/99

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:

William Saculla, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/14/99

Daytime Phone #