FORM 123L **FLORIDA CORPORATIONS**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -5 PM 1:53

Application for Reinstatement

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # F93000005719

1. Corporation Name
ARTHUR TREACHER'S INC

REINSTATEMENT

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 2-1-1984 UT

5. FEI Number: 34-1413104 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SACULLA, WILLIAM	7400 BAYMEADOWS WAY ST 300	JACKSONVILLE FL 32256
D	GALLOWAY, BRUCE	7400 BAYMEADOWS WAY ST 300	JACKSONVILLE FL 32256
D	THORGASSON, SKULI	7400 BAYMEADOWS WAY ST 300	JACKSONVILLE FL 32256
DCEO	GALLOWAY, BRUCE	7400 BAYMEADOWS WAY STE 300	JACKSONVILLE FL 32256

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

SACULLA, WILLIAM
7400 BAYMEADOWS WAY
STE 300
JACKSONVILLE FL 32256

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

CR2E061 (12/98)

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 _____ Date 10-4-2000
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 _____ William F Saculla 10-4-2000 (904) 739-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MD