| PLEASE READ ALL INSTRUCTIONS BEFORE C | | | | | | OMPLETING THIS FORM. | | | |
|--|--|--|----------------------------------|--|---|--|---|--|--|
| APF | PLICATION | FLORIDA DEPARTMENT OF STATE | | | FILED | | | | |
| | FOR | Sandra B. Mortham Secretary of State | | | | | | | |
| REIN | STATEMENT | DIVISION OF CORPORATIONS | | | 00-APR-13 PM 1:15 | | | | |
| DOCU | | | | | | TALLA | ETA'RY OF STATE RAGSEE, FLORIDA | | |
| | | | | | | { | - | · · | |
| Fast Food Management of Miami, Inc. Principal Place of Business Mailing Address | | | | | | | | | |
| Principal Pl | Mailing Addre | Address O So. Harbor City Blvd. | | | | | | | |
|) | | Suite | Suite 328 | | | | | | |
| | Melbou | bourne, FL 32901 | | | 70 F 8 B 8 A | ^* | AQ 150 | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | | HEINSTATEMENT | | |
| 2. New Pri 7535 | 3. New Ma ilir 1 <u>51</u> 9 E | ling Office Address, lf Applicable Ponce de León Ave. | | | 4. Date Incorporated or Qualified To Do Business in Florida 04/12/84 | | | | |
| Suite, Apt. # Dadela | #.etc. and Mall, Store FC9 | | Suite, Apt. #, etc. Suite 507 | | | 5. FEI Number Applied For | | | |
| City & State Miami | 9 | City & State | | | | 52-1341146 Not Applicable | | | |
| Zip 33156 | | Zip 00909- | | Country | rto Rico | AEDTE LOAD | E OF STATUS DESIRED | \$8.75 Additional Fee required for a Certificate of Status | |
| | and Street Addresses of Each Officer | | | | | | 3) | | |
| Title(s) | Name of Officers and/or Directors 2 | | 3 (Do | Offi | et Address of Eacl icer and/or Director ie Post Office Box I | ſ | Cit | y / State / Zip | |
| D/P | /P Apt. | | | | rt 70, Cond. Prila Santurce, PR 00911 | | | | |
| 1 1 | | | 1 | 600 Blvd. de los Arboles, Urb. Arboles de Monte | | | D. D. | DD 00006 | |
| Alicea John B-32 Po | | | | | | | Rio Piedra | s, PR 00926 | |
| Alicea, John B-32 Portal de los Pinos Rio Piedras, PR 00 | | | | | | | | s, PR 00928 | |
| | | | · . | ·- · · | | | | | |
| | · · | <u> </u> | | | | | 000032; -04/25/0; ***1050, | 225838 001023001 .00 ***1050.00 | |
| | | | | | | | <u>****1030</u> , | 100 ***1030.00 | |
| | 8. Name and Address of Curre | nt Registered Ag | ent | | | 9. Name and | Address of New Regist | ered Agent | |
| Name del Val | | | | | | le, Manuel R. O. Box Number is Not Acceptable) W 12th-St. | | | |
| Street Address | | | | | | P.O. Box Number is Not Acceptable) | | | |
| Suite, Apt. #, Etc | | | | | | | | | |
| South Miami, FL 33143 | | | | | | 61 | | State Zip Code | |
| | appointed the registered agent of the a | hove named corp | oration am | familiar w | Miami | oblinations of Sc | | FL 33126-1929 | |
| Signature of Registered | of Agent | Relec | Val | lle | | | Date 03/30/ | 00 | |
| REGISTERED AGENT MUST SIGN | | | | | | | | | |
| 11. This corporation owes or has paid the current year (See other side for information on intangible Personal Property tax due June 30. Yes X No \(\bigcap \) | | | | | | | | | |
| 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 filling 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 name 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 twe/and accurate, and my signature shall have the same legal effect as if made under oath. | | | | | | | | | |
| , d | | | - my alymat | Gree Gridit | nove the spine legi | or energing it ind | as allow out, | KE | |
| SIGNATI | | | | John A. Regis, J | | | | 87-725-1814 | |
| | SIGNATURE AND TYPED OR | XINTED NAME OF | SIGNING OF | FICER OR | DIRECTOR | | Date | Daytime Phone # | |
| STF FL32474F.1 | 1 (/ | | | | | | | | |