

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAR -9 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A15746

1. Corporation Name

Sweet Luci's Drive In Inc.
4050 South Peninsula Dr.
Wilbur by the Sea, Fl. 32127

Principal Place of Business

Mailing Address

2006 South Atlantic Ave.
Daytona Beach Shores, Fl.

32119

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

1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2445623

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|---|
| P-D | Lucille Taylor | 4050 S. Peninsula Dr. | Wilbur by the Sea, Fl. 32127 |
| S-D | | | |
| T-D | | | |
| | | | 500002452825--4 -03/10/98--01089--008 ***1050.00 ***1050.00 |
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REINSTATEMENT 96-98

A. Alan
3/9/98

8. Name and Address of Current Registered Agent

Lucille Taylor
4050 S. Peninsula Dr.
Wilbur by the Sea, Fl. 32127

9. Name and Address of New Registered Agent

Name William S. Sheldon
Street Address (P.O. Box Number is Not Acceptable)
3658 S. Central Ave.
Suite, Apt. #, Etc.

City Flagler Beach, Fl.

State FL Zip Code 32136

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

W. Sheldon

REGISTERED AGENT MUST SIGN

Date 2/9/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Lucille Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucille J. Taylor 2-6-98 760-3160

Date

Daytime Phone #

CR2E040 (1/2/96)