

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 # H81120

1. Corporation Name

MANERO'S RESTAURANT OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

% JOHN M. MAHONEY  
2200 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33409-3402

% JOHN M. MAHONEY  
2200 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33409-3402

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2851 S.W. High Meadow Ave.~~

3. New Mailing Office Address, If Applicable

~~SAME~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~PALM CITY, FL.~~

City & State

Zip

~~34990~~

Country

~~U.S.A.~~

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/1985

5. FEI Number

59-2590378

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
<del>DK</del> <del>DP</del>	MAHONEY, DONNA T.	6 INTERLACHEN CIRCLE	WEST PALM BEACH FL
<del>DP</del>	MAHONEY, JOHN M. <del>Dec.</del>	6 INTERLACHEN CIRCLE	WEST PALM BEACH FL
VP	MAHONEY, John A.	6 Interlachen Circle	West Palm Beach, FL 33401
SK	Thomas Joyce K.	2025 Wellington Rd.	West Palm Beach, FL 33409

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8. Name and Address of Current Registered Agent

~~MAHONEY, JOHN M.~~  
~~2200 PALM BEACH LAKES BLVD~~  
~~WEST PALM BEACH FL 33409~~

9. Name and Address of New Registered Agent

Name

Thomas, Joyce K.  
Street Address (P.O. Box Number is Not Acceptable)  
2850 S.W. High Meadow Ave.  
Suite, Apt. #, Etc.

City

~~PALM CITY~~

State

~~FL~~

Zip Code

~~34990~~

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

~~SIGNATURE REQUIRED~~  
REGISTERED AGENT MUST SIGN

Date 11-16-98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYCE K. THOMAS

Date

11-16-98 561-686-(90)

Daytime Phone #

after 11-99 561-2203011