

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 # J37754

1. Corporation Name

Cheeburger Cheeburger of America, Inc.

Principal Place of Business

Mailing Address

**2413 Periwinkle Way
Sanibel Island, FL 33957**

Same

FILED

97 AUG -4 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *96-97*

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	
				10/14/86	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-2724750	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Bruce Zicari	2413 Periwinkle Way	Sanibel Island, FL 33957

100002262281--4

-08/08/97--01131--002

***\$15.00 ***\$15.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name	Keith J. Kanouse, Esquire	
		Keith J. Kanouse, P.A.	
	Street Address (P.O. Box Number is Not Acceptable)	2424 N. Federal Highway	
	Suite, Apt. #, Etc.	Suite 353	
	City	Boca Raton	State FL Zip Code 33431

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

Keith J. Kanouse
REGISTERED AGENT MUST SIGN

Date 7/28/97

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 807 or 817, 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:

Bruce Zicari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Zicari Date

1-800-487-6211

Daytime Phone #