


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris 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
US

2413 PERIWINKLE WAY
SANIBEL ISLAND FL 33957
US

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

10/14/1986

5. FEI Number

59-2724750

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	City / State / Zip 4
DP	ZICARI, BRUCE	2413 PERIWINKLE WAY	SANIBEL ISLAND FL 33957
			100004481661--S -07/17/01--01098--016 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KANOUSE, KEITH J ESQ.

~~2385 EXECUTIVE CENTER DRIVE, SUITE 270~~

~~PENINSULAR EXECUTIVE CENTER~~

~~BOCA RATON FL 33431~~

Name

Street Address (P.O. Box Number is Not Acceptable)

6879 GIRALDA CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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

K. Kanouse
SIGNATURE REQUIRED

Date 5-4-01

REGISTERED AGENT MUST SIGN

11. 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:

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

BRUCE ZICARI

5/1/01
Date

716-671-7355
Daytime Phone #

APPROVED
AND
FILED

01 JUN 11 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

CR2E040 (9/00)