PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -4 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-99

DOCUMENT # K35189

1. Corporation Name
The Fried Chicken Factory of Hawthorne, Inc

Principal Place of Business
605 S US 301
Hawthorne, Fl 32640

Mailing Address
PO Box 328
Hawthorne, Fl 32640

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 9-28-88

5. FEI Number 59-2911080 ☐ 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)

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	Susie Reeves	Rt 3 Box 67	Hawthorne, Fl 32640
VP/S.	Larry Reeves	Rt 3 Box 67	Hawthorne, Fl 32640

800002795358--9
-03/05/99--01012--001
*****8.75 *****8.75
10.00 10.00

800002795358--9
-03/05/99--01011--001
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent
Larry Reeves
Rt 3 Box 67
Hawthorne, Fl 32640

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

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]
REGISTERED AGENT MUST SIGN
Date 3-4-99

11. This corporation owes 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] Larry Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-4-99
Date
352-481-2270
Daytime Phone #

CR2E081 (12/98)