

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

98 FEB 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22511

1. Corporation Name

E.S.P. RESTAURANTS, INC.

Mailing Address

4747 W. Waters Ave, #3601
Tampa, FL 33684

Principal Place of Business

2101 W. Baker Street
Plant City, FL

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
1029 Lincoln Ave

Suite, Apt. #, etc.

A

City & State
Marquette, MI

Zip **49855**

Country

3. New Principal Office Address, If Applicable
1029 Lincoln Ave

Suite, Apt. #, etc.

A

City & State
Marquette, MI

Zip **49855**

Country

4. Date Incorporated or Qualified
To Do Business in Florida **10-12-89**

5. FEI Number

59-2975651

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

92-98
00

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Scott A. Jamieson	1029 Lincoln Ave	Marquette, MI 49855
D/S	Daniel P. Mestnik	1029 B Lincoln Ave	Marquette, MI 49855
D/VP/ T	Edward M. Brault	2014 S Habana Ave	Tampa, FL 33629

300002442013-2
02/26/98-01105-004
***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

Edward M. Brault
1420 Plantation Circle
Plant City, FL 33567

9. Name and Address of New Registered Agent

Name
Robert P. Henderson
Street Address (P.O. Box Number is Not Acceptable)
1619 Jackson Street
Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33901

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

Robert P. Henderson

REGISTERED AGENT MUST SIGN

Date **2-16-98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Scott A. Jamieson* **Scott A. JAMIESON** 2-10-98

CR2040 (6-94)