

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L53514

1. Corporation Name W.B. Burger of Florida, Inc.
(formerly W.B. Burger, Inc.)

SECRET
TALLahassee, Florida

Principal Place of Business
550 N.E. 6th Avenue
Delray Beach, FL 33483

Mailing Address
4915 Pine Tree Drive
Boynton Beach, FL 33436

REINSTATEMENT OK 99

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

2. New Principal Office Address, If Applicable see mailing above		3. New Mailing Office Address, If Applicable see mailing address above		4. Date Incorporated or Qualified To Do Business in Florida <u>2/26/90</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0217487</u>	
City & State		City & State		Applied For <input type="checkbox"/> 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)

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/D/T	Eugene Shirley	4915 Pine Tree Drive Boynton Beach, FL 33436	

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***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

Eugene Shirley
4915 Pine Tree Drive
Boynton Beach, FL 33436

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: Eugene Shirley
REGISTERED AGENT MUST SIGN

Date: 6-2-99

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: Eugene Shirley **EUGENE SHIRLEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-99
Date

541-7333818
Daytime Phone #

CR2E081 (12/98)