

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 SEP 18 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L53590

1. Corporation Name

Beef O' Brady's, Inc.

Principal Place of Business

Mailing Address

210 South Kings Ave.  
Brandon, FL 33511

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

2. New Principal Office Address, If Applicable  
1802 1/2 MacDill Ave.

3. New Mailing Office Address, If Applicable  
400 N. Ashley Drive

4. Date Incorporated or Qualified  
To Do Business In Florida

2/27/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 2300

5. FEI Number

59-3003805

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

Zip

33602

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	James Mellody	1802 1/2 MacDill Ave.	Tampa, FL 33629
			000002300750--3 -09/23/97--01039--003 ***\$915.00 ***\$915.00

REINSTATEMENT

9/10/97  
G. Law  
9/18/97

8. Name and Address of Current Registered Agent

James Mellody  
210 South Kings Ave.  
Brandon, FL 33511

9. Name and Address of New Registered Agent

Name

James Mellody

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

1802 1/2 MacDill Ave.

Suite, Apt. #, Etc.

City Tampa

State  
FL

Zip Code  
33629

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

REGISTERED AGENT MUST SIGN

Date 9-15-97

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Mellody

Date

9-15-97 813.254.2200

Daytime Phone #

CR2ED040 (12/96)