Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT
GREATER MOBILE-PENSACOLA TACO BELL RESTAURANT OWNERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

90-11

CR2E051 (11/10)

DOCUMENT # N22717

1. Corporation Name

GREATER MOBILE-PENSACOLA TACO BELL RESTAURANT OWNERS ADVERTISING ASSOCIATION, INC.

2. Principal Office Address – No P.O. Box #	3. Mailing Office Address
4107 Columbia Rd	1 Glen Bell Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste. TB	MD 429
City & State	City & State
Martinez, GA	Irvine, CA
Zip / Country	Zip / Country
30907 / USA	92618 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/1987

5. FEI Number: 592036204 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 2/7/2011

REGISTERED AGENT MUST SIGN

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least a director)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Thaddeus Foster	4107 Columbia Rd, St. TB	Martinez, GA 30907

10. E-mail Address: robin.jane@yum.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the reviver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S.; I further certify that said filing for 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. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Thaddeus Foster Thaddeus Foster 2/7/11 773.263.7316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #