PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION __ FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N29317

1. Corporation Name JACKSONVILLE TACO BELL RESTAURANT OWNERS ADVERT SING ASSOCIATION, INC.

Principal Place of Business

675 MANFELL ROAD,

SUITE 200

ROSWELL GA 30076

Mailing Address

FILED

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SLORETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENTO1-02

5565 Suite Apt. # Sut City & State	ling Office Address, If A GIEN RIDGE Con tet. e 200 Thay GA Country orida nonprofit corporat Stre	Applicable INECTOR SA tions must list at leader Address of Each	To Do Busin 5. FEI Number 6. CERTIFICATE	58-1836062	Applied For Not Applicable 5 Additional Fee require or a Certificate of Status	
Sut City & State Atta Zip 3034 icer and/or Director (Figure 2)	e 200 hta, GA Country orida nonprofit corporat	tions must list at leader Address of Each	6. CERTIFICATE	58-1836062	Not Applicable 5 Additional Fee require	
City & State AH & Zip 3034 icer and/or Director (Fluiders	2 Country Orida nonprofit corporat	tions must list at leader Address of Each	CERTIFICATE	\$8.7	5 Additional Fee require	
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icer and/or Director (Fluicers	orida nonprofit corporat	tions must list at lea	st 3 directors)			
icers	Stre	eet Address of Each				
		Street Address of Each Officer and/or Director		City / State / Zip		
2040 NW 67TH PL		PLACE		GAINESVILLE FL 32653		
WOLFE, DEBRA C/O W		O WAYNE BROWN 4107 COLUMBIA RD		MARTINEZ GA 30907		
BROWN, WAYNE 4107 COLUMVIA		4107 COLUMVIA RD., SUITE TB		MARTINEZ GA 30907 236.25 - Adm		
			9000597			00059713 -06/25/0201
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent *297.50			
NEÙKAMM, JOHN B KETCHEY HORAN, P.A. 100 NORTH TAMPA STREET, SUITE 1900 TAMPA FL 33602			CT Corporation System Street Address (P.D. Box Number is Not Acceptable) 1200 S Pine Hand Rd Suite, Apt. #, Etc. City State Zip Code			
	TE 1900	Current Registered Agent	Current Registered Agent Name CT Cor Street Address (F 1200 S Suite, Apt. #, Etc. City Plantati	Current Registered Agent 9. Name and A CT Corporation Street Address (P.D. Box Number 1200 S Pine S Suite, Apt. #, Etc. City Plantation FL	236.25 - 1	

REGISTERED AGENT MUST SIGN

11. 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.