. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N29319

1. Corporation Name

Principal Place of Business

FILED

02 JUN 10 PM 1:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

WEST PALM BEACH TACO BELL RESTAURANT OWNERS ADVERTISING ASSOCIATION, INC.

Mailing Address /

675 MANFELL ROAD ROSWELL GA 30076		SUITE 200 675 MARKE ROSWELL		ELL ROAD SUITE 200 GA 30076		DEIM	STATEME		
If above	addresses are	incorrect in any way, line the	ouah incorrect i	nformation and e	enter correction below	LET BAAS	de la servant	01.02	
		Address, If Applicable	3. New Mail	ng Office Addre	ss, If Applicable		orated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #				Slenkidge	Connector	To Do Busir	iess in Florida	11/16/1988	
Suite						5. FEI Number		Applied For	
City & State City & State				ta.6A			58-1836533	Not Applicable	
Zip Country Zip			Zip	ip Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7 11.	10: 11	1	3032		USA	<u> </u>	O'LOTATED PLOTIES CI	for a Certificate of Status	
	and Street Ad	dresses of Each Officer and Name of Officers	or Director (Flo	rida nonprofit co	progrations must list at least Street Address of Each		<u> </u>		
Title(s)	and/or Directors			3 Officer and/or Director			City / State / Zip		
PD	TROMBLE, MICHELLE			1720 C.R. 776 (EL JOBEAN)			PORT CHARLOTTE FL 33948		
STD	TROMBLE, RICK			1720 C.R. 776 (EL JOBEAN)			PORT CHARLOTTE FL 33948		
VPD	- ORLOS, DEBBIE			-32·N: MAIN·STREET			LAKE-PLACID FL-33852		
				1000058237818 -06/18/0201084006					
								3 ****297.50	
						1-0	ス	7-7-1	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
100 N KETC	AMM. JOHN IORTH TAMI HEY HORAN A FL 33602	PA STREET., SUITE 1900 N, P.A.)	Name CT CORPORATION System Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE IS and Rd Suite, Apt. #, Etc.					
è	,	e registered agent of the abo	ve named como	ration am famili	City Plantatio		F	tate Zip Code 33324	
Signature o Registered	Agent	ale Sh. M	OULS GISTERED AGE	ENT MUST SIG	DALE W. MORRIS ASSISTANT VICE PRESI	IDENT	Date 5/7/6	102	
this rein	statement app	officer or director or the receival edication, the reason for disso	lution has been	powered to exec eliminated, the c	cute this application as pr corporate name satisfies t	rovided for in char the requirements o	oter 607 or 617, F.S. I fur of section 607.0401 or 61	ner certify that when filing 7.0401, 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.