PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98 JUN 30 AM 11:20

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/09/99--01089--001
****297.50 ****297.50

DOCUMENT # N97000005761

1. Corporation Name

TASTE OF THE TOWN, INC.

Principal Place of Business	Mailing Address
3111 University Dr. Ste 405 Coral Springs, FL 33065	

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

REINSTATEMENT 98-99 DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/13/97

5. FEI Number: 65-0815115 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P,D	Robert Papp	7010 NW 38 st	Coral Springs FL 33065
VP,D	Scott Ridinger	9144 NW 43 Ct	Coral Springs, FL 33065
S,D	Jim Papp	9155 NW 52 Ct	Coral Springs, FL 33065
T,D	Steve Calhoun	7525 NW 50 Ct	Coral Springs, FL 33065
D	John Arnold	2921 NW 112 Ave	Coral Springs, FL 33065
D	Ernie Kubasek	10250 NW 41 Ct	Coral Springs, FL 33065

8. Name and Address of Current Registered Agent

Kevin D. Wilkinson
12794 W. Forest Hill Blvd.
West Palm Beach, FL 33414

9. Name and Address of New Registered Agent

Name: Kathi Mosier
Street Address (P.O. Box Number is Not Acceptable): 3111 University Drive
Suite, Apt. #, Etc.: Suite 405
City: Coral Springs | State: FL | Zip Code: 33065

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: Kathi Mosier Date: 6/18/98
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand that I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public disclosure. I further 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 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., and all fees owed by the corporation have been paid. 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: Robert A Papp (PRES) 6/22/98 954-752-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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
D	Jim Staten	11907 Glenmore Dr.	Coral Springs, FL 33071
D	Tom Strickland	1859 NW 85 Lane	Coral Springs, FL 33071

8. Name and Address of Current Registered Agent

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

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SIGNATURE: _____

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