

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 DEC -3 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0000048623

1. Corporation Name

RESTAURANT MANAGTMENT SERVICES, INC.

2. Principal Office Address

6632 Trail Boulevard

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL 34108

City & State

Zip

34108

Country

USA

Zip

Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

5-16-00

5. FFI Number

59-3645533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James H. Siesky

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

1000 North Tamiami Trail, Suite 201

Suite, Apt. #, Etc.

Suite 201

City

Naples,

State
FL

Zip Code

34102

000004744790--9

12/31/01 01050-018
***750.00 ***750.00

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

James H. Siesky
REGISTERED AGENT MUST SIGN

Date 11/30/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P,VP S,T	Jack Maguire	6632 Trail Boulevard	Naples, FL 34108

10. 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:

Jack Maguire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Maguire, President

11/30/01

941-596-4938

Date

Daytime Phone #