

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

112  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 5:40

DOCUMENT # P00000086727

1. Corporation Name

THE MARK FAMILY RESTAURANT, INC.

Principal Place of Business

1454 MAIN STREET  
DUNEDIN FL 34698

Mailing Address

1454 MAIN STREET  
DUNEDIN FL 34698



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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 3	City / State / Zip 4
D	MARKOS, PETER L	1454 MAIN STREET	DUNEDIN FL 34698
			100004669071--4
			-11/06/01--01057--021
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

MARKOS, PETER L  
1454 MAIN STREET  
DUNEDIN FL 34698

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

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

AD

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

-2-

**DAILY & TSAGARIS, P.A.**

Certified Public Accountants

TIMOTHY C. DAILY, C.P.A.  
JOHN S. TSAGARIS, C.P.A.

2555 Enterprise Rd.  
Suite 10  
Clearwater, Florida 33763  
(727) 791-1040  
FAX (727) 726-8393

MEMBERS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
—  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

October 17, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: The Mark Family Restaurant, Inc.

Dear Sirs:


The taxpayer received a notice of administrative dissolution of their corporation. I explained to the taxpayer the purpose of this notice and it resulted from them not paying the annual report by May 1, 2001. They informed me that they never received the original forms that are mailed in the beginning of the year.

They stated that if the forms were received, they would of either forwarded them to me for instructions or they would have called me to inquire about the forms. In addition, their attorney who incorporated them did not advise them of this annual requirement. Therefore, they request you accept the enclosed check for \$150 and the signed form for reinstatement for the year 2001.

If you have any additional questions regarding this matter, please do not hesitate to contact me.

Sincerely,

DAILY & TSAGARIS, PA

  
John S. Tsagaris, CPA

JST/jlm

Encl.

cc: The Mark Family Restaurant, Inc.