

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



800023792638
10/14/03--01059--028 **150.00

DOCUMENT # **P00000103087**

1. Corporation Name

JLC RESTAURANT CORPORATION

Principal Place of Business

Mailing Address

119 W PALMETTO PARK RD
BOCA RATON FL 33432

3180 BAYBERRY WAY
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

3. New Mailing Office 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

11/02/2000

5. FEI Number

65-1054280

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
PSTD	CIULLA, JOHN L	119 W PALMETTO PARK RD	BOCA RATON FL 33432

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

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. or 617.0505, F.S.

Signature of
Registered Agent

John Ciulla
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

John Ciulla
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 9, 2003

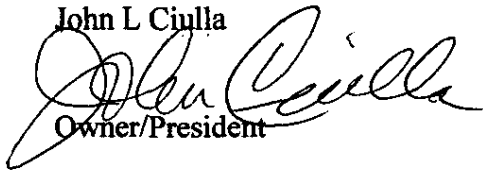
Florida Dept. of State
Division of Corporations

Re: Filing my yearly application

I am writing and sending another \$ 150.00 application fee, as per my phone call to your office 10/08/03.

Document # P00000103087
JLC RESTAURANT CORPORATION
FEI NUMBER 65-1054280

John L Ciulla

A handwritten signature in cursive script, appearing to read "John L. Ciulla", written in dark ink. The signature is fluid and stylized, with the first and last names being more prominent than the middle initial.

Owner/President