

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 23 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106339

1. Corporation Name

DINER EXPRESS, INC.

Principal Place of Business

Mailing Address

1303 CASA AVE.  
STUART FL 34994

1303 CASA AVE.  
STUART FL 34994

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

11/02/2001

5. FEI Number

65-1151757

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
PD	FRISKEY, CECEIL H	1303 CASA AVE.	STUART FL 34994
VD	FRISKEY, JOHN	1303 CASA AVE.	STUART FL 34994

200024053122  
10/23/03--01070--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRISKEY, CECEIL H  
1303 CASA AVE.  
STUART FL 34994

Name John Friskey  
Street Address (P.O. Box Number is Not Acceptable)  
1303 Casa Ave  
Suite, Apt. #, Etc. Stuart FL  
City Stuart State FL Zip Code 34994

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 1704 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1704 03 972-221-0952

CR2E040 (7/03)

17 Oct 2003

To Secretary of State

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Diner Express did not receive the  
previous notices. We have enclosed the  
150.<sup>00</sup>. Thank You

John F. Rusby