PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT 26 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109271

1. Corporation Name
FAST BOYS WINGS FRANCHISE SYSTEM INC.

REINSTATEMENT 09-10
CR2E061 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1016 LaSalle Street		1016 LaSalle Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32207	Country: US	Zip: 32207	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/2001

5. FEI Number: 412042281 ☐ 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: Kullen Sourdiff

Street Address (P.O. Box Number is Not Acceptable): 1016 LaSalle Street

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32207

800186442218
10/07/10--01035--009 **35.00

800186442218
10/21/10--01028--012 **158.75

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: KS
REGISTERED AGENT MUST SIGN

Date: 10/22/2010

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	Kullen Sourdiff	1016 LaSalle Street	Jacksonville, FL 32207
		DM 10/26	

10. E-mail Address: 4donnag@bellsouth.net
(To be used for future annual report notification)

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. I further certify, 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: KS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2010
Date

904-399-3705
Daytime Phone #