

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -3 AM 11: 59

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116912

1. Corporation Name

Big Toast Restaurant Group

2. Principal Office Address - No P.O. Box #
320 SW 2nd Street

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33312

Country
USA

3. Mailing Office Address
2000 NE 25th Street

Suite, Apt. #, etc.

City & State
Wilton Manors, FL

Zip
33305

Country
USA

700109773567
09/21/07--01062--024 **150.00

700109773567
10/03/07--01029--014 **158.75

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida **12/11/2001**

5. FEI Number
65-1158643

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
Daniel Kurland

Street Address (P.O. Box Number is Not Acceptable)
2000 NE 25th Street

Suite, Apt. #, Etc.

City
Wilton Manors, FL

State
FL

Zip Code
33305

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **9/18/2007**

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
President	Daniel Kurland	2000 NE 25th Street	Wilton Manors, FL 33305
Vice President	Jennifer Kurland	2000 NE 25th Street	Wilton Manors, FL 33305

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 contained in Chapter 119, 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:

Daniel Kurland

9/18/2007

954 224-5074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #