

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # P02000092832

1. Corporation Name

CHICK-N-GRILL OF Pembrooke Pines Inc

2. Principal Office Address

8605 SW 94th Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

Miami-Dade

3. Mailing Office Address

8605 SW 94th Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

USA

REINSTATEMENT 03

300025253323
12/05/03--01031--009 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/02

5. FEI Number

82-0564869

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

WALTER RIOS

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

8605 SW 94th Ave

Suite, Apt. #, Etc.

City

MIAMI FLORIDA 33186

State

FL

Zip Code

33186

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

X Walter Rios
REGISTERED AGENT MUST SIGN

Date Dec 2/03

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
<u>P.D.</u>	<u>Walter Rios</u>	<u>8605 SW 94th Ave</u>	<u>MIAMI, FL 33186</u>
<u>P.D.</u>			

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 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:

X Walter Rios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER RIOS

Date

Dec 2/03

Daytime Phone #

305-244-0245