

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

04 JAN -5 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000122099**

1. Corporation Name

BADER DRIVE THRU INC.

Principal Place of Business

Mailing Address

6212 PALM RIVER RD.
TAMPA FL 33619

6212 PALM RIVER RD.
TAMPA FL 33619

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

11/15/2002

5. FEI Number

47-0897044

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D. | SAED, AYMAN B | 9424 BELLHAVEN ST. | TAMPA FL 33637 |
| PTS | SAED, AYMAN B | 9424 BELLHAVEN ST. | TAMPA FL 33637 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

SAED, AYMAN B
9424 BELLHAVEN ST.
TAMPA FL 33637

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

SIGNED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

(813) 899-9642

**BADER DRIVE THRU INC.
6212 PALM RIVER RD
TAMPA, FL 33619**

December 29, 2003

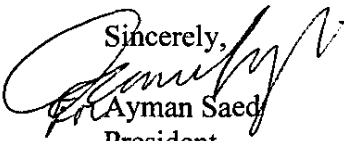
Florida Department of State
Annual Reports Filings
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

This letter is in regards to our receipt of the Notice of Administrative Dissolution or Revocation. We have not received any previous notices regarding the Uniform Business Report. Please note that this is our first year of operation. Accordingly, we are requesting a waiver of charges for this notice, and the amount due of the first notice, as it was listed, will be paid.

Your cooperation in this matter is greatly appreciated. For any further information please call our accountant's office at 813-899-9642.

Sincerely,


Ayman Saed
President