

PLEASE READ A. INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 15 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000067638**

1. Corporation Name

AFC Restaurant Group, Inc.

2. Principal Office Address

535 Dartmouth St.

Suite, Apt. #, etc.

3. Mailing Office Address

535 Dartmouth St.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32804

Country

USA

Zip

32804

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/2003

5. FEI Number

20-0441043

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

Farhad Karimipour

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

535 Dartmouth St

Suite, Apt. #, Etc.

000052079070

04/28/05 01017 021 *508 75**

City

Orlando

State

FL

Zip Code

32804

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

[Signature]

Date

4/14/05

REGISTERED AGENT MUST SIGN

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	Farhad Karimipour	535 Dartmouth St	Orlando FL 32804

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-656-7435

Daytime Phone #