Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

ORLANDO DAYTONA TACO BELL RESTAURANTS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	$1,050.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000102428

1. Corporation Name
Orlando Daytona Taco Bell Restaurants, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
811 North Orange Ave.		911 North Orange Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#504		#504	
City & State		City & State	
Orlando		Orlando	
Zip	Country	Zip	Country
32801	USA	32801	USA

CR2E051 (6/10)

4. Date Incorporated or Qualified To Do Business In Florida 07/07/2004

5. FEI Number 583250746 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc: SUITE 320

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent: _____ Date: 2-8-11
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Tony Capley	911 N. Orange Ave. #504	Orlando, FL 32801
TR	Amorie Wellen	2634 W. Belle Plaine Ave., #1E	Chicago, IL 60618

10. E-mail Address: _____
(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., fees at 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: _____ Amorie Wellen 2/8/11 773.293.7315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #