

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 AUG -5 AM 8:41

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P92000007337**

1. Corporation Name

FLORIDA RESTAURANT SUPPLY INC.

Principal Place of Business 2800 SOUTH NOVA ROAD DAYTONA BEACH FL 32119	Mailing Address 2800 SOUTH NOVA ROAD DAYTONA BEACH FL 32119
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REINSTATEMENT 98-99

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	4. Date Incorporated or Qualified To Do Business in Florida 11/23/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3154315
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	PATRICK, GARY	4590 SOUTH ATLANTIC AVENUE, STE.	PONCE INLET FL
		628 COLE DR.	PORT ORANGE FL 32127
			000002957450--6 -08/11/99--01081--013 ****908.75 ****908.75

8. Name and Address of Current Registered Agent PATRICK, GARY J 4590 S. ATLANTIC AVENUE #243A PONCE INLET FL 32127	9. Name and Address of New Registered Agent Name GARY J. PATRICK Street Address (P.O. Box Number is Not Acceptable) 628 COLE DR. Suite, Apt. #, Etc. City PORT ORANGE State FL Zip Code 32127
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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.

Signature of Registered Agent: *Gary Patrick* Date: **8/2/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Gary Patrick* Date: **8/2/99** Daytime Phone #

CR2E040 (9/98)

KE
8/2/99