

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000000435

1. Corporation Name

BEEF O'BRADYS PALMA CEIA, INC.

Principal Place of Business

2819 S MACDILL AVE
TAMPA FL 33629

Mailing Address

2819 S MACDILL AVE
TAMPA FL 33629

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1993

5. FEI Number

50-3158574

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MELLOY, JAMES P	2807 HERRINGTON 2819 S. MACDILL AVE	VALRICO FL 33604 TAMPA FL 33629
			700003035387--7 -11/04/99--01079--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MELLOY, JAMES P.
~~2802 1/2 S MACDILL AVE~~
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name

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

2819 S. MACDILL AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-21-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-99

Daytime Phone #

813-226-2333

FILED

99 OCT 28 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99 ETS

CR22040 (8/99)