

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P93500060680

1. Corporation Name

ROADHOUSE WATERWAY, INC.

8-23-96

Principal Place of Business

C/O G.T. McDONALD ENTER.
7951 S.W. 6TH ST. #112
PLANTATION, FL 33324

Mailing Address

C/O G.T. McDONALD ENTER.
7951 S.W. 6TH ST. #112
PLANTATION, FL 33324

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 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

8/26/93

5. FEI Number

65-0437329

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	GERALD T. McDONALD	7951 S.W. 6TH ST. #112	PLANTATION, FL 33324

REINSTATEMENT 96-97
1/8/97

8. Name and Address of Current Registered Agent

LEVINE, BRUCE M.
5310 N.W. 33rd AVENUE
SUITE 119
FT. LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
Suite, Apt. #, Etc.
City
TALLAHASSEE
State
FL
Zip Code
32301

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

Laura R. Dunlap

Laura R. Dunlap, as agent

Date 1/8/97

REGISTERED AGENT MUST SIGN for Corporation Service Company

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-97 954-475-8332

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

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ACCOUNT NO. : 072100000032

REFERENCE : 214841 7105984

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 915.00

ORDER DATE : January 8, 1997

ORDER TIME : 12:49 PM

ORDER NO. : 214841-010

CUSTOMER NO: 7105984

500002051505-7

CUSTOMER: Ms. Audrey Frahm
Gt Food Services, Inc.
Suite 112
7951 S. W. 6th Street
Fort Lauderdale, FL 33324

DOMESTIC FILINGS

NAME: ROADHOUSE WATERWAY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS _____

RECEIVED
JAN - 8 PM 1:38
DIVISION OF CORPORATION