

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 # **P93000072037**

1. Corporation Name

STUDIO RESTAURANTS, CO.

97 DEC 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**14499 NORTH DALE MABRY HWY.
#159
TAMPA FL 33618**

Mailing Address

**14499 N. DAL MABRY HWY.
STE. 230
TAMPA FL 33618
US**

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

3959 VAN DYKE Rd.

Suite, Apt. #, etc.

City & State

LUTZ, FL

Zip

33549

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1993

5. FEI Number

59-3207372

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)

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	WINEGAR, STEVEN K	14499 N. DALE MABRY, STE. 230	TAMPA FL

300002384393--8
-12/29/97--01061--027
******758.75 ****758.75**

REINSTATEMENT 1997

G. Alan
12/23/97

8. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

Steven K. Winegar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/25/97**
Daytime Phone #