

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000014075

1. Corporation Name

TINA'S FAMILY RESTAURANT, INC.

Principal Place of Business

Mailing Address

109 1ST AVE WEST
CALLAHAN FL 32011
US

P.O. BOX 1332
CALLAHAN FL 32011
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1994

5. FEI Number

59-3233509

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	4 City / State / Zip
DP	TRIBBIT, OLETHA C	P O BOX 1332 N/A	CALLAHAN FL 32011
DV	MCCULLOUGH, GAIL	P O BOX 986 N/A	CALLAHAN FL 32011
DS	WRYE, DORETHA	RT 4 BOX 995-2	CALLAHAN FL 32011

800003524038--3
-01/04/01--01103--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BAKER, GARY
114 GREEN AVE
CALLAHAN FL 32011

9. Name and Address of New Registered Agent

Name
OLETHA C TRIBBIT
Street Address (P.O. Box Number is Not Acceptable)
109 1ST AVE WEST
Suite, Apt. #, Etc.
City
CALLAHAN
State
FL
Zip Code
32011

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

SIGNATURE REQUIRED

Date 10/22/00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/22/00 Daytime Phone # 904-879-5544