

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 # **P94000015590**

1. Corporation Name

ATLANTIC RESTAURANT, INC.

Principal Place of Business

15200 CARTER RD
DELRAY BEACH FL

Mailing Address

15200 CARTER RD
DELRAY BEACH FL

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

02/23/1994

5. FEI Number

65-0474723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$573 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
D	WECHTER, BEA	15200 CARTER RD	DELRAY BEACH FL
D	SREBRO, DAVID	15200 CARTER RD	DELRAY BEACH FL

000002046350--1

-01/06/97-01011-018

***375.00 ***375.00

REINSTATEMENT

96 12/30/96

8. Name and Address of Current Registered Agent

JEROME L. TEPPS, P.A.
3411 POWERLINE RD 701
FT LAUDERDALE FL

9. Name and Address of New Registered Agent

Name

DAVID SREBRO

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

6701 N.W. 93 RD AVE

Suite, Apt. #, Etc.

City

TAMARAC

State

Zip Code

FL

33321

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

David Srebro

REGISTERED AGENT MUST SIGN

Date

12/26/96

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 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:

David Srebro

DAVID SREBRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/96

Daytime Phone #

561-478-2882