

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 # **204000053275**

1. Corporation Name

BOCA ROADHOUSE, INC.

Principal Place of Business

Mailing Address

**10125-Glades-Road
Boca-Raton, FL--33498**

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

2. New Principal Office Address, If Applicable

7280 W. Palmetto Park Road

Suite, Apt. #, etc.
Suite 305N

City & State

Boca Raton, FL 33433

Zip

Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

NEW PRINCIPAL BUSINESS & MAILING ADDRESS

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/94

5. FEI Number

65-0521462

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P,D	William A. Hoffman	7280 W. Palmetto Park Rd Suite 305N	Boca Raton, FL 33433
S,T,D	George Burmeister	7280 W. Palmetto Park Rd Suite 305N	Boca Raton, FL 33433
VP,D	E. Hal Dickson	7280 W. Palmetto Park Rd Suite 305N	Boca Raton, FL 33433

4000002433054--6

-02/17/98-01073-004

*******8.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Stanley D. Gottsegen
2255 Glades Road, Suite 411-E
Boca Raton, FL 33431**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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-02/17/98-01073-005

*******900.00 *****900.00**

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

Stanley D. Gottsegen
REGISTERED AGENT MUST SIGN

Date

2/1/98

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:

William A. Hoffman

William A. Hoffman

2/2/98

561-447-8500