

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 # P95000037306

1. Corporation Name

C.K.R. RESTAURANTS, INC.

Principal Place of Business

272 VISTA OAK DRIVE
LONGWOOD FL 32779

Mailing Address

272 VISTA OAK DRIVE
LONGWOOD FL 32779

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

05/10/1995

5. FEI Number

65-0588976

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
PDT	MEYER, RICHARD E	272 VISTA OAK DRIVE	LONGWOOD FL 32779
VS	MEYER, CHERYL J	272 VISTA OAK DRIVE	LONGWOOD FL 32779

8. Name and Address of Current Registered Agent

HARRIS, MARSHALL S
390 NORTH ORANGE AVE
SUITE 1100
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Richard E. Meyer

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

272 VISTA OAK DR.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

Richard E. Meyer

REGISTERED AGENT MUST SIGN

Date

2/1/99

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:

Richard E. Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 407-825-2064
Date Daytime Phone #

CR2E(040 (9/98)