

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 11 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064151**

1. Corporation Name

CAUSEWAY RESTAURANT GROUP, INC.

Principal Place of Business

Mailing Address

**2634 BAY SHORE BLVD
DUNEDIN FL 34698**

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

2634 BAY SHORE BLVD

2634 BAY SHORE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUNEDIN

DUNEDIN

City & State

City & State

FL

FL

Zip

Zip

34698

34698

Country
PINELLAS

Country
PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

8-21-95

5. FEI Number

59-3331099

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
PRES	ALBERT E GANNON	2634 BAY SHORE BLVD	DUNEDIN FL 34698

700002147147--2
-04/17/97--01122--003
******315.00 ****315.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **ALBERT E GANNON**
Street Address (P.O. Box Number is Not Acceptable)
2634 BAY SHORE BLVD
Suite, Apt. #, Etc.
DUNEDIN
City
FL State Zip Code
34698

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

Albert E Gannon
REGISTERED AGENT MUST SIGN

Date

4/5/97

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:

Albert E Gannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/97 Date
813 7380408 Daytime Phone #