

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 26 PM 2:43

DOCUMENT # P95000081790

1. Corporation Name

Boys - N - Grills, Inc.

Principal Place of Business

Mailing Address

1032 N.E. 16th Ave  
FORT LAUDERDALE, FL.  
33304

SAME

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

2. New Principal Office Address, If Applicable

3325 GRIFFIN RD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/95

5. FEI Number

65-0614921

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
1	2	3	4
PSD	CURTIS LEVIT	4120 NE. 20th AVE.	FORT LAUDERDALE, FL. 33308

400004677914--2  
-11/14/01--01014--003  
\*\*\*\*758.75 \*\*\*\*758.75

10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CURTIS LEVIT  
4120 NE. 20th AVE.  
FT. LAUDERDALE, FL. 33308

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Curtis Levit

REGISTERED AGENT MUST SIGN

Date 10/22/01

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS LEVIT

Date

10/22/01

Daytime Phone #

(954) 410-2981

CR2E081 (12/96)