

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

96 DEC 11 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000083360**

1. Corporation Name

BURRITO JIM'S SAN FRANCISCO BURRITO CO.

Principal Place of Business

2611 NORTH HIATUS ROAD
COOPER CITY FL 33026

Mailing Address

2611 NORTH HIATUS ROAD
COOPER CITY FL 33026

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

2. New Principal Office Address, If Applicable

5187 S. University Drive

3. New Mailing Office Address, If Applicable

5187 S. University Drive

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33328

Country

Broward

Zip

33328

Country

Broward

5. FEI Number

65-0627087

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
VP	NAZY, SUSAN	2611 N. HIATUS ROAD	COOPER CITY FL 33026
P/D	Golden, James J.	5187 S. University Dr.	Davie, FL 33328

600002027896--0
-12/12/96--01097--014
****375.00 ****375.00

JB 12-11-96

8. Name and Address of Current Registered Agent

**HELLER AND BARNETT CORPORATE SERVICES
1133 S. UNIVERSITY DRIVE
SUITE 202
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name **James J. Golden**
Street Address (P.O. Box Number is Not Acceptable)
5187 S. University Drive
Suite, Apt. #, Etc.
City **Davie** State **FL** Zip Code **33328**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12/9/96**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Golden, Pres.

Date **12/9/96**

Daytime Phone # **954/680-4040**