

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
and the Secretary of State
DIVISION OF CORPORATIONS

89500085835

DOCUMENT # P 95000085835

1. Corporation Name

ROCKY'S RIBS, INC.

Principal Place of Business

Mailing Address

7520 Newberry Road
Gainesville, FL 32606

If above address is 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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-337629

Not Applicable

Zip

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
S D	Grace Wang	7520 Newberry Road	Gainesville, FL 32606
P T D	Grace Wang	7520 Newberry Road	Gainesville, FL 32606

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Lawrence J. Marraffino

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

309 NE First Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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

Lawrence J. Marraffino

REGISTERED AGENT MUST SIGN

Date 10/28/97

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:

Grace Wang

Grace Wang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/97

Daytime Phone #

CR2040 (12/96)