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 NOV -7 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089628**

1. Corporation Name

BOCA GLADES RESTAURANT CORP.

Principal Place of Business	Mailing Address
7875 GLADES ROAD BOCA RATON FL 33434	~~7875 GLADES ROAD~~ ~~BOCA RATON FL 33434~~

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	700 WILLIS AVENUE Suite, Apt. #, etc.
City & State	City & State WILLISTON PARK NY
Zip / Country	Zip 11596 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/22/1995

5. FEI Number: 65-0696367 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	DEAN POLL	700 WILLIS AVE.	WILLISTON PARK NY 11596
V	GILLIS POLL	700 WILLIS AVE.	WILLISTON PARK NY 11596
T/S	GEORGE POLL	700 WILLIS AVE.	WILLISTON PARK NY 11596
			400002005144--3 -11/14/96--01106--007 ****375.00 ****375.00
			MB 11-12-96

8. Name and Address of Current Registered Agent

POLL, DEAN
~~19295~~ COLLINS AVENUE
APARTMENT 1707
BAL HARBOUR FL 33154

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 10205 COLLINS AVENUE

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/96)

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 REQUIRED — Date: 11/4/96
REGISTERED AGENT MUST SIGN

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 REQUIRED DEAN J. POLL — 11/4/96 — 5167424453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AP

09/24/96 15:32 MAILED 9/27/96 002

9/27/96 AT ABOVE CALL

Form **SS-4** (Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN 65-0696367

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
BOCA GLADES RESTAURANT CORP

2 Trade name of business (if different from name on line 1)
MAJORS STEAKHOUSE

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
700 WILLIS AVENUE

5a Business address (if different from address on lines 4a and 4b)
7875 GLADES ROAD

4b City, state, and ZIP code
WILLISTON PARK, NY 11596

5b City, state, and ZIP code
BOCA RATON, FLORIDA 33434

6 County and state where principal business is located
PALM BEACH FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
DEAN POLL SSN: 132-50-1892

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator-SSN ____
- ☑ Other corporation (specify) ▶ C-CORP
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.)

- ☑ Started new business (specify) ▶ RESTAURANT
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
12/15/96

11 Closing month of accounting year (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ 12/15/96

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ▶

Nonagricultural	Agricultural	Household
50		

14 Principal activity (See instructions.) ▶ RESTAURANT - YES (TIPS)

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ N/A
☑ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☑ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (516) 742-4433

Name and title (Please type or print clearly.) ▶ DEAN J POLL PRES.

Fax telephone number (include area code): (516) 873-8037

Signature ▶ Dean J Poll Date ▶ 9/27/96

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying