

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000000533

1. Corporation Name

ROSEMARIE'S RESTAURANT, INC.

Principal Place of Business

Mailing Address

CR 25, P O BOX 1359
BELLEVIEW FL 34420

CR 25, P O BOX 1359
BELLEVIEW FL 34420

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/1995

5. FEI Number

59-3358575

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
D	MOODY, HARRISON H	CR 25, P O BOX 1359	BELLEVIEW FL 34420
D	DRIGGERS, JERRY D	CR 25, P O BOX 1359	BELLEVIEW FL 34420
D	TOZZO, ROSEMARIE	CR 25, P O BOX 1359	BELLEVIEW FL 34420
			100002025221--8 -12/10/96--01153--007 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

DRIGGERS, JERRY D
9740 SE 58TH AVE
BELLEVIEW FL 34470

9. Name and Address of New Registered Agent

Name

Moody, Harrison H

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

9740 SE 58th Ave

Suite, Apt. #, Etc.

Belleview, FL

City

State

Zip Code

FL

34420

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

Harrison Moody

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/96

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)(f), 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:

Rosemarie Tozzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/96 352-307-9152