

P96000000533

CHARLES RUSE, JR.  
LAWYER

600 N. N. BETH AVENUE  
OCALA, FLORIDA 34410

95 DEC 26 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 22, 1995

800001670988  
-12/26/95--01072--015  
\*\*\*\*122.50 \*\*\*\*122.50

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Incorporation of Rosemarie's Restaurant, Inc.

Gentlemen:

Enclosed herewith please find the original and one copy of the Articles of Incorporation for the above named corporation and a check in the sum of \$122.50 for filing same. Please return one certified copy of the Articles to this office.

Very truly yours,

CHARLES RUSE, JR.

By: \_\_\_\_\_

CR:ka  
Enc.:

Articles of Incorporation

JAN - 3 1996

ARTICLES OF INCORPORATION  
OF  
ROSEMARIE'S RESTAURANT, INC.

FILED  
95 DEC 26 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of the corporation is Rosemarie's Restaurant, Inc.

ARTICLE II. DURATION

This corporation shall exist perpetually.

ARTICLE III. PURPOSE

The corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV. CAPITAL STOCK

The corporation is authorized to issue three hundred (300) shares of common stock having a par value of \$1.00 per share.

ARTICLE V. PRINCIPAL ADDRESS

The principal address of the corporation shall be County Road 25, Post Office Box 1359, Belleview, Florida 34420.

ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 9740 SE 58th Avenue, Belleview, Florida 34470, and the name of the initial registered agent of the corporation at that address is Jerry D. Driggers.


ARTICLE VII. INITIAL BOARD OF DIRECTORS

This corporation shall have three directors initially. The number of directors may be increased or diminished from time to

Harrison H. Moody  
Jerry D. Driggers  
Rosemarie Tozzo

Jerry D. Driggers  
Jerry D. Driggers

James D Jenkins  
Notary Public, State of Florida

 JOANN D. JENKINS  
STATE OF FLORIDA  
COMPTROLLER OF REVENUE  
1000 BANKERS BUILDING  
TALLAHASSEE, FLORIDA 32304

☐ PERSONALLY KNOWN BY ME  
☐ PRODUCED I.D.

FILED

95 DEC 26 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCEPTANCE OF DESIGNATION

AS REGISTERED AGENT

Jerry D. Driggers hereby accepts designation as Registered Agent of ROSEMARIE'S RESTAURANT, INC., and shall faithfully discharge his duties as such.

Witness:

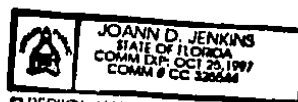
Karen A. Andy  
Print name: Karen A. Andy

Tracy B. Griffin  
Print name: Tracy B. Griffin

Jerry D. Driggers  
Jerry D. Driggers

Sworn to and subscribed before  
me by Jerry D. Driggers, who  
☒ is personally known by me  
☐ produced \_\_\_\_\_  
as identification  
this 19 day of December, 1995.

Joann D. Jenkins  
Notary Public, State of Florida  
(Stamp/Seal)



☒ PERSONALLY KNOWN BY ME  
☐ PRODUCED I.D. \_\_\_\_\_

AcctRegAg/121195/rosemarie

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

CR 25, P O BOX 1359  
BELLEVUE FL 34420

Mailing Address

CR 25, P O BOX 1359  
BELLEVUE 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

Suite, Apt. #, etc.

P O Box 1359

City & State

Bellevue, FL 34421

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/1995

5. FEI Number

59-3358575

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

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
D	MOODY, HARRISON H	CR 25, P O BOX 1359	BELLEVUE FL 34420
<del>D</del>	<del>BRIGGERS, JERRY D</del>	<del>CR 25, P O BOX 1359</del>	<del>BELLEVUE FL 34420</del>
D	TOZZO, ROSEMARIE	CR 25, P O BOX 1359	BELLEVUE FL 34420

100002025221--B  
-12/10/96-01153-007  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

BRIGGERS, JERRY D  
9740 SE 58TH AVE  
BELLEVUE FL 34420

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.  
Bellevue, FL  
City

State  
FL  
Zip Code  
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

*[Signature]*  
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)(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

Date 11/15/96 352-307-9152  
Daytime Phone #

FILED  
96 DEC -6 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1996 12/6/96

CR25043 (7/96)