

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009252

1. Corporation Name

JR'S RIB SHACK, INC.

Principal Place of Business

2403 HWY 77
LYNN HAVEN FL 32444
US

Mailing Address

9206 CHEROKEE STREET
YOUNGSTOWN FL 32466

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Dec 18, 2000 8:00 A.M.
Secretary of State



REINSTATEMENT 00

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1996

5. FEI Number

59-3356745

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	BEVIS, RANDALL SCOTT	9206 CHEROKEE STREET	YOUNGSTOWN FL 32466

100008515541-4
12/28/00--01039--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Ben Bollinger
Street Address (P.O. Box Number is Not Acceptable)
519 Grace Ave
Suite, Apt. #, Etc.
PANAMA City, FL
City
State
FL
Zip Code
32401

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 Ben Bollinger **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12-4-00

11. 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.

Randall S. Bevis

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-13-00