

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

98 MAY 13 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030825

1. Corporation Name

3 'N OUT, INC.

Principal Place of Business

Mailing Address

P O BOX 3725

TALLAHASSEE, FLA 32315

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

2. New Principal Office Address, If Applicable

11480 SECRETARIAT LN

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/96

5. FEI Number

593386102

Applied For

☒ Not Applicable

City & State

JACKSONVILLE, FLA

City & State

Zip

322

Country

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
SECT PRES	DERRICK BROOKS	3415 W Hillsborough Av #611	TAMPA, FLA 33614
VP	DERRICK ALEXANDER	11480 SECRETARIAT LN	JAX., FLA 32218
TRES	DEVIN BUSH	12110 HELLER HOLLOW	ALPHARETTA, GA 30202

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05/14/98 0123-010

***\$08.75 ***\$08.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATRICK W. OSBORNE

Name

VANESSA KERR

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

3136 DANDRIDGE DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32209

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

5/13/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

5/13/98

Daytime Phone #

(813) 871-2157

CR2E040 (1/98)