

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

97 OCT 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000032570**

1. Corporation Name

GENE'S SANDWICH SHOP, INC.

Principal Place of Business

119 W. ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address

119 W. ADAMS STREET
JACKSONVILLE FL 32202



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

REINSTATEMENT 97

10/31

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1292942

Applied For

Not Applicable

City & State

City & State

Zip

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)

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
P	Vangi McKnight	119 W. Adams Street	Jacksonville, FL 32202
V	Annie Warthen	1705 Academy Street	Jacksonville, FL 32209

3000002338079-4
-11/04/97--01088--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANDEVILLE, JAMES
4897 JAYBIRD CIRCLE, NORTH
JACKSONVILLE FL 32257

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

James Mandeville

REGISTERED AGENT MUST SIGN

Date 10/25/97

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:

Vangi F. McKnight

SIGNATURE AND TYPE (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 (904) 358-2645

Date

Daytime Phone #

CFR0040 (8/97)