PLEASE READ.	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.		
APPLICATION APPLICATION	FLORIDA DEPARTME		}		
FOR	Katherine Ha	arris			
REINSTATEMENT Secretary of Sta			7339		
REINSTATEIVIENT DIVISION OF CORPORATIONS		RATIONS			
DOCUMENT # 19900005545			99 JUN 29 PM 1:30		
1. Corporation Name			SECRETARY OF STATE		
Jerk Chicken Center, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
•					
Principal Place of Business Mailing Address					
5552 Oakland Park Blvd. Same					
Lauderhill, Florida 33313					
		ļ			
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			4. Data lass regular of Ouritary		
			Date Incorporated or Qualified To Do Business in Florida	997	
Suite, Apt. #, etc. N/A Suite, Apt. #, etc. N/A			5. FEI Number	Applied For	
City & State City & State			650674293	Not Applicable	
Zip Country	Zip Countr	ry	6. CERTIFICATE OF STATUS DESIRED X	5 Additional Fee required in a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Florida poporofit corners	ations must list at leas		a Serimente di Status	
Name of Officers Street Address of Each					
Title(s) and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Director Office Box			······································	te / zip	
Pres. Neville Mitchell #1304 Lauderhill, Florida 33311					
Dir.:c	#1304				
·			800002925 -07/07/99(,4689 31021014	
			***1058.75	***1058.95	
			* 60		
TERRENT 9/- 97 15					
BEINSTATEMENT 91-99					
			J		
J					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Name Ne			ville Mitchell		
Glasford Uter 5265 N.W. 73rd Way Lauderhill, Florida 33319 Crity Lau			O Box Number is Not Acceptable)		
			26 Inverarry Blvd.		
				7.00-4-	
			derhill FL	Zip Code 33313	
10. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obl			ligations of Section 607.0505, F.S	1.	
Signature of Registered Agent Newble Melekell			Date 6/23	199	
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [(See other side	e for information	
intangible Personal Proper	No X on intang	gible 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 filling					
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 and the individual section of the corporation has 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: Nevelle Metabell 6/23/99 19547677-2410					
SIGNATURE: 1 WWW 1 WELLEL 6/23/99 (954)677-2410					
SIGNATURE AND TIPED OR PHIL	THE PARTY OF SIGNIFIC OFFICER ON	E010N	r - Date Day	AMING PROPIES#	