

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 NOV 19 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055766

1. Corporation Name BMC RESTAURANT ASSOCIATES, INC.

Principal Place of Business Mailing Address
100 W. CYPRESS CREEK ROAD 100 W. CYPRESS CREEK ROAD
SUITE 910 SUITE 910
FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6/28/96

5. FEI Number 650687753 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Brian M. Casserly	2901 North Federal Highway	Boca Raton, FL 33431
			600002353366--8
			-11/20/97--01094--005
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

RAND M. GORENCK,
100 W. CYPRESS CREEK ROAD
SUITE 910
FORT LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name
BRIAN M. CASSELY
Street Address (P.O. Box Number is Not Acceptable)
2901 N. Federal Hwy
Suite, Apt. #, Etc.

Boca Raton FL 33431

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
RAND M. GORENCK
REGISTERED AGENT MUST SIGN

Date 11/10/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97
Date

Daytime Phone #

CR2040 (12/95)