

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC 28 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094139

1. Corporation Name

DEMAC RESTAURANT CORPORATION

Principal Place of Business

21300 ST. ANDREWS BLVD.
BOCA RATON FL 33433

Mailing Address

21300 ST. ANDREWS BLVD.
BOCA RATON FL 33433



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

2. New Principal Office Address, If Applicable

2798 NW 27TH TER.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2798 NW 27TH TER.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1996

5. FEI Number

65-0711346

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	PERLYN, MARILYN	2798 NW 27TH TERRACE	BOCA RATON FL 33434
P/D	PERLYN, DONALD L	2798 NW 27TH TER.	BOCA RATON FL 33434

400002726514-5
-12/30/98--01065--016
****150.00 ****150.00

6/12/30

8. Name and Address of Current Registered Agent

PERLYN, DONALD L
6300 NW 31ST AVENUE
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

11/9/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/98

Date

954-573 0000

Daytime Phone #