

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P96000096375**

1. Corporation Name

**MIKE'S BACKYARD GRILL, INC.**

Principal Place of Business

6588 N STATE RD 7  
COCONUT GROVE FL 33073  
CREEK

Mailing Address

6588 N STATE RD 7  
COCONUT GROVE FL 33073  
CREEK

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. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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
D	PADUANO, MICHAEL SR	6588 N STATE RD 7	COCONUT GROVE FL 33073 CREEK
			4000002477124-0134 -04/02/98-01082-0134 ****908.75 ****908.75

REINSTATEMENT

97-98

SL  
4-1-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRIM, KURT M  
1499 W PALMETTO PARK RD, SUITE 180  
BOCA RATON FL 33486

Name

MICHAEL PADUANO

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

6588 N STATE ROAD 7

Suite, Apt. #, Etc.

COCONUT CREEK

State

FL

Zip Code

33073

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

*Michael Paduano*

REGISTERED AGENT MUST SIGN

Date

4-16-98

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:

*Michael Paduano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)