

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 JAN -4 PM 2:39

DOCUMENT # P97000069304

1. Corporation Name

JACK OF MIAMI SUBS & SALADSPPLACE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~11865 SW 26 Street~~ ~~11865 SW 26 Street~~  
~~Unit A08~~ ~~Unit A08~~  
~~Miami, FL 33122~~ ~~Miami, FL 33122~~

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

2. New Principal Office Address, If Applicable  
782 NW LeJeune Road

3. New Mailing Office Address, If Applicable  
782 NW LeJeune Road

Suite, Apt. #, etc.  
548

Suite, Apt. #, etc.  
548

City & State  
Miami, FL 33126

City & State  
Miami, FL 33126

Zip  
33126

Country  
USA

Zip  
33126

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-0773301

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)

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
DPST	PINEDA, Phillip	11960 SW Tuttle Blvd.	Miami, FL 33184

REINSTATEMENT

2000  
800003575508--3  
-01/25/01--01103--026  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

JOSE M. MARQUEZ, P.A.  
782 NW LeJeune Road  
Suite 548  
Miami, FL 33126

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

*Jose M. Marquez*

Jose M. Marquez

REGISTERED AGENT MUST SIGN

Date 12/29/2000

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:

*Phillip Pineda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director/President

12/29/2000 (305) 447-1160

Date

Daytime Phone #

CR2E040 (1/98)