

2006 FOR PROFIT CORPORATION REINSTATEMENT

SELF
DIVISION

06 OCT 10 PM 3:46

DOCUMENT # P97000087237

1. Entity Name
KFC WEST FORK, INC.



Principal Place of Business
15821 PINES BLVD.
SUITE 220
PEMBROKE PINES, FL 33027

Mailing Address
2501 HOLLYWOOD BOULEVARD
SUITE 220
HOLLYWOOD, FL 33020

REINSTATEMENT 06



10092006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0816277

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SREBRENIAK, BURT
2501 HOLLYWOOD BOULEVARD
SUITE 220
HOLLYWOOD, FL 33020

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SCHWARTZ, JOSEPH L
STREET ADDRESS 4040 SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD, F; 33021

TITLE ☐ Change ☐ Addition
NAME 30008068343
STREET ADDRESS 10/10/06--01053--014 **159.75
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRACE, DONNA I
STREET ADDRESS 4040 SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD, F; 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP 10/9/06 954 920 1802 x208