

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

AND
FILED

98 NOV 23 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000087614

1. Corporation Name

NATURAL CHICKEN GRILL, INC.

Principal Place of Business

1785 FAIRHAVEN PLACE
MIAMI FL 33133

Mailing Address

1765 FAIRHAVEN PLACE
MIAMI FL 33133



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

2. New Principal Office Address, If Applicable

1675 SW 107 Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33165

Country

Zip

Country

REINSTATEMENT 98

4. Date incorporated or qualified
To Do Business in Florida

10/09/1997

5. FEI Number

65 0834779

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 |
|------------|-------------------------------------|---|-----------------------|
| PSD | MUKHTAR, SAID A | 1765 FAIRHAVEN PLACE | MIAMI FL 33133 |
| VD | DEL BUSTO, CEASAR | 9636 NW 47TH TERRACE | MIAMI FL 33178 |
| PSD | ALMUKHTAR, SAID | 1765 Fairhaven PL | Miami, FL 33133 |
| SD | ALMUKHTAR, SAID | 1765 Fairhaven PL. | Miami, FL 33133 |
| | | | 700002702327-7 |
| | | | -12/03/98-01097-009 |
| | | | ****758.75 ****758.75 |
| | | | 10/11/25 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | |
|--|--|----------------------|
| MUKHTAR, SAID A 1765 FAIRHAVEN PLACE MIAMI FL 33133 | Name | ALMUKHTAR, SAID |
| | Street Address (P.O. Box Number is Not Acceptable) | 1765 FAIRHAVEN PLACE |
| | Suite, Apt. #, Etc. | |
| | City | Miam |
| | State | FL |
| | Zip Code | 33133 |

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/10/98

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/98

Daytime Phone #

(305)
858-8787