

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 23 AM 7:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


REINSTATEMENT

000156669510

06/02/09--01008--019 \*\*300.00

CR2E081 (12/08)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000090063

1. Corporation Name

Dynamic Restaurant Operations of Jacksonville, Inc.

2. Principal Office Address - No P.O. Box #

500 NE Spanish River Blvd

Suite, Apt. #, etc.

Ste 205

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

500 NE Spanish River Blvd

Suite, Apt. #, etc.

Ste 205

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/97

5. FEI Number  
65-0795933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
James Cosentino

Street Address (P.O. Box Number is Not Acceptable)  
500 NE Spanish River Blvd

Suite, Apt. #, Etc.  
Ste 205

City  
Boca Raton

State  
FL

Zip Code  
33431

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

Date

4/30/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JAMES COSENTINO	500 NE SPANISH RIVER STE 205	BOCA RATON, FL 33431

10. 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 contained in Chapter 119, 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

4/30/09

Date

561-362-5514

Daytime Phone #