

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010668

1. Corporation Name

FAMILY AFFAIR WHISTLE STOP RESTAURANT, INC.

Principal Place of Business

Mailing Address

3541 NE JACKSONVILLE RD
OCALA FL 34479

3541 NE JACKSONVILLE RD
OCALA FL 34479

REINSTATEMENT 2003



000024070078
10/24/03--01016--009 **750.00

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

02/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3491008

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	WRIGHT, RUTH WESSELHOFF PENELOPE	3650 NW JACKSONVILLE RD 3632 NE 28TH CT	OCALA FL
VPD	WRIGHT, JOANNA R	3541 NE JACKSONVILLE RD	OCALA FL 34479
D	WESSELTOFF, ANTELOPE J WESSELHOFF PENELOPE	3632 NE 28TH CT	OCALA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WRIGHT, RUTH~~
3650 NW JACKSONVILLE
OCALA FL 34479

~~WESSELHOFF PENELOPE~~
3632 NE 28TH CT
OCALA FL 34479

Name

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

3632 NE 28TH CT

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34479

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-9-03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 628-1771

CR2E040 (7/03)