

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 26 PM 1:35

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # T98000023655

1. Corporation Name

Mission Restaurants, Inc.
171 Brooks Street, Suite F
Ft. Walton Beach, FL 32548

900177738489
04/26/10--01067--025 ***750.00

CR2E081 (11/09)

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

171 Brooks Street, Suite F

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32548

Country

USA

3. Mailing Office Address

171 Brooks Street, Suite F

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32548

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/1998

5. FEI Number

59-3503088

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

Chuck Cooper

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

171 Brooks Street

Suite, Apt. #, Etc.

Suite F

City

Ft. Walton Beach

State

FL

Zip Code

32548

☐ 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 4-19-10

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	Jeff Miller	171 Brooks Street, Suite F	Ft. Walton Beach, FL 32548
VP	Chuck Cooper	171 Brooks Street, Suite F	Ft. Walton Beach, FL 32548

2010

REINSTATEMENT

M. MILLIGAN
EXAMINER

MAY -4 2010

10. E-mail Address: amcardle@missionrestaurants.com

(To be used for future annual report notification)

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. I further certify 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

4-19-10

Daytime Phone #