

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Ray Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL -3 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078741

1. Corporation Name

AN INTEREST, INC.
D/b/a BORDERTOWN CANTINA

2. Principal Office Address

9825-1 San Jose Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1222 South 3rd Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville Bch, FL

Zip

32257

Country

Duval

Zip

32250

Country

Duval

4. Date Incorporated or Qualified To Do Business in Florida 09/11/98

5. FEI Number 59-3534136

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

Ray Avery

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

2527 Dauphine Ct. W.

Suite, Apt. #, Etc.

City

Ponte Vedra Bch,

State
FL

Zip Code

32082

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

6-30-2000

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	Connie E. Dawson	908 Shoreline Circle Drive	Ponte Vedra Bch, FL 32082
Sec	Jerry L. Neely	11721 Verlander Ct.	Jacksonville, FL
Dir	Connie E. Dawson	908 Shoreline Circle Drive	Ponte Vedra Bch, FL 32082
Dir	Jerry L. Neely	11721 Verlander Ct.	Jacksonville, FL

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 under section 119.07(3)(l), 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 #

CR2E081 (9/98)