

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096683

1. Corporation Name

FLORIDA RESTAURANT MANAGEMENT, INC.

Principal Place of Business

2255 GLADES RD., STE. 128A
BOCA RATON FL 33431

Mailing Address

2255 GLADES RD., STE. 128A
BOCA RATON FL 33431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2300 Glades Rd, Ste 450W

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

33431

Country

REINSTATEMENT

7. Date Incorporated or Qualified
To Do Business in Florida

11/17/1998

5. FEI Number

65-0877416

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	4. City / State / Zip
D	SCHWARTZ, LARRY	2300 GLADES RD., STE. 450 W	BOCA RATON FL 33431
D	KAVANY, ALEX	2255 GLADES RD., STE. 128A	BOCA RATON FL 33431
P	SUMMERS, LEE C ESQ.	2300 GLADES RD., STE. 460 W.	BOCA RATON FL 33431
P	SCHWARTZ, LARRY	2300 Glades Rd, Ste 450W	BOCA RATON FL 33431
			300003031213--3
			11/01/99-0117--025
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

SUMMERS, LEE C ESQ.
2300 GLADES RD., STE. 460 W.
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name LARRY SCHWARTZ
Street Address (P.O. Box Number is Not Acceptable)
2300 Glades Rd, Suite 450W
Suite, Apt. #, Etc.

City BOCA RATON

State FL

Zip Code 33431

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]
REGISTERED AGENT MUST SIGN

Date 10/14/99

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

10/14/99 (561) 750-7200
Date Daytime Phone #

CR2040 (8/99)