

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102119

1. Corporation Name

PENNY HILL SALADS AND SUBS, INC.

Principal Place of Business

Mailing Address

2116 31ST AVENUE
VERO BEACH FL 32960

2116 31ST AVENUE
VERO BEACH FL 32960



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

12/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES OWNER	MICHAEL J BARHAM	2116 31ST AVE	VERO BEACH, FL 32960
			9900TS

8. Name and Address of Current Registered Agent

BARHAM, MICHAEL J
2116 31ST AVENUE
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Michael J Barham
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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:

Michael J Barham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-99

Daytime Phone #

(561)
978-0020

05/17/99 9082 046 15000

DIVISIONS OF CORPORATIONS

ENCLOSED IS AN APPLICATION
FOR REINSTATEMENT, IN APRIL
OF 99 I MAILED IN WITH
A CHECK FOR REINSTATEMENT FOR
THE YEARLY RENEWEL FOR THE
CORPORATION. AT THIS TIME I
WOULD LIKE YOU TO REINSTATE
THIS CORPORATION. ALL PAPERS
WERE FILED IN A TIMELY
MANNER. TO AVOID LATE CHARGES
AND CHECKS WERE CASHED BY
THE STATE FOR RENEWEL

THANK YOU!
Mike Bost
561-978-0020