

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000106445

1. Corporation Name

CHOICE RESTAURANTS - PENSACOLA BBQ 1, INC.

FILED

00 NOV -6 AM 11: 56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

810 E GREGORY STREET  
PENSACOLA FL 32501

Mailing Address

810 E GREGORY STREET  
PENSACOLA FL 32501

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1998

5. FEI Number

59-3551133

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
<del>S</del>	<del>LARD, LONNIE D</del>	<del>810 E GREGORY STREET</del>	<del>PENSACOLA FL 32501</del>
P	GRAVOIS, MICHAEL L	810 E GREGORY STREET	PENSACOLA FL 32501

100003473101--7  
-11/21/00--01090--010  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

REEVES, JAMES J  
730 BAYFRONT PARKWAY  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

David Luther Woodward

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

730 Bayfront Parkway

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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 of David Luther Woodward]*

REGISTERED AGENT MUST SIGN

Date

3 XI 2000

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 of Michael L. Gravois]*  
Michael L. Gravois  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-00

Daytime Phone #

205-970-6021

KE

CR2E040 (8/00)