

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PH 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022002

1. Corporation Name

COOKIN' OUT GAS & GRILL, INC.

Principal Place of Business

509 EAST LAUREL RD.
NOKOMIS FL 34275

Mailing Address

P.O. BOX 626
NOKOMIS FL 34274 - 0626



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

509 EAST LAUREL RD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1999

5. FEI Number

65-0950266

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	MONAGHAN, DAVID E	P.O. BOX 626	NOKOMIS FL 34274 - 0626
DE D/m	MONAGHAN, SHANNON E TERRY MAHANEY	P.O. BOX 626	NOKOMIS FL 34274 - 0626

400008845324
11/07/02--01016--019 **758.75

8. Name and Address of Current Registered Agent

MONAGHAN, DAVID E
509 EAST LAUREL RD.
NOKOMIS FL 34274

9. Name and Address of New Registered Agent

Name
MONAGHAN DAVID E.
Street Address (P.O. Box Number is Not Acceptable)
509 EAST LAUREL RD.
Suite, Apt. #, Etc.
City
NOKOMIS
State
FL
Zip Code
34275

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-29-02

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

Date

Daytime Phone #

941-484-5026

10-29-02

CR2E040 (8/02)