APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P99000046074

1. Corporation Name

THREE BURRITOS OF DAVIE II, INC.

Principal Place of Business

Mailing Address

185 RAVENSWOOD RD. FT. LAUDERDALE FL 33312

on this application is true and accur-

185 RAVENSWOOD RD. FT. LAUDERDALE FL 33312 FILED

If above a	ddresses are incorrect in any way, line the	ough incorrect information and	d enter correction below	Hring	INIEMENI	$ \times$)
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.325 5. University by				Date Incorporated or Qualified To Do Business in Florida 05/20/1999			
Suite, Apt. #, etc. Suite, Apt. #, et 5+e 16					r	Applied For	
K/2/ City & State Da Vi	ž, FI	Davie, FA			52-2128116		
^{Zip} 3333	28 Country	33328	Country			Additional Fee required - Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Florida nonprofit	<u> </u>		T		
Title(s)	Name of Officers and/or Directors 2	3	Street Address of Eac Officer and/or Directo		City / State	/ Zip	
res.	David Sheir	3325	5. University Di	r. # 121	Davie, Fl. 3.	3.328	
			,				
				3	000035241 -01/04/0101 ****750.00	108015	
			···				
						LS	
	8. Name and Address of Current	Mama	9. Name and Address of New Registered Agent				
00114	77 DIQUADD F		Davi	d She	zir		Š
SCHATZ, RICHARD E 2200 MUSEUM TOWER, 150 W. FLAGLER ST.			Street Address (1)	Street Address (P.O. Box Nutriber is Not Acceptable) 3325 S. Vni Vevsiky Dr.			
MIAMI FL 33130				Suite, Apt. #, Etc. 2 fe /2 /			
			Davi	'e	State Z	Zip Code 333328	
Signature o	appointed the registered agent of nerabo	11/25 (1) 10 ar	miliar with and accept the o	obligations of Sect	on 607.0505, F.S.		

nd my signature shall have the same legal effect as if made under oath.

OFFICER OR DIRECTOR

00 DEC 22 PM 3: 45 SECRETARY OF STATE TABLAHASSEE. FLORIDA 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

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