

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 PM 2:56

DOCUMENT # **P99000075474**

1. Corporation Name

THREE BURRITOS OF DAVIE, INC.

Principal Place of Business

Mailing Address

185 RAVENSWOOD RD.
FT. LAUDERDALE FL 33312

185 RAVENSWOOD RD.
FT. LAUDERDALE FL 33312



REINSTATEMENT

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

2. New Principal Office Address, If Applicable
4446 Weston Rd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3325 S. University Dr
Suite, Apt. #, etc.
Ste. 107

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1999

5. FEI Number

Applied For

52-2128116

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Davie, FL
Zip
33331

Country

City & State
Davie, FL
Zip
33328

Country

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.	David Sheir	3325 S University Dr Ste 121	Davie, FL 33328
			100003514481--4 -12/27/00--01063--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCHATZ, RICHARD E
C/O STEARNS WEAVER MILLER WEISSLER ET AL
2200 MUSEUM TOWER, 150 W. FLAGLER ST.
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name
David Sheir
Street Address (P.O. Box Number is Not Acceptable)
3325 S. University
Suite, Apt. #, Etc.
Ste 121
City
Davie, FL

State
FL

Zip Code
33328

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

Date

REGISTERED AGENT MUST SIGN

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 #