

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 9:40

DOCUMENT # S15096

1. Corporation Name
WESTSIDE RESTAURANTS, INC.

Principal Place of Business
850 South Lane Avenue
Jacksonville, FL 32205

Mailing Address
P. O. Box 6988
Jacksonville, FL 32238-6988

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 November 26, 1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3039185 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

REINSTATEMENT 95-99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| D/P/S T | CLEMONS, James L. | 4538 Ortega Forest Dr. | Jacksonville, FL 32210 |
| AssSec | DUSS, Robert V. | 112 W. Adams St., #1402 | Jacksonville, FL 32202 |
| | | | 800003026558--3 -10/27/99--01073--010 ***1358.75 ***1358.75 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

Robert V. Duss
112 West Adams St.
Suite 1402
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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
Robert V. Duss
REGISTERED AGENT MUST SIGN

Date
October 18, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:
James L. Clemons, President

10/18/99 (904) 783-2300
Date Daytime Phone #