PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS TOPPM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S60184

1. Corporation Name

M.A.P.P. RESTAURANT, INC.

on this application is true and accura

SIGNATURE AND TYPE

SIGNATURE:

Principal Place of Business

Mailing Address



1997 JAN 13 PM 12: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 2011 ALOMA AVE 201 SUITE 200 SUE | | 2011 ALOMA SUITE 200 WINTER PAR | WINTER PARK FL 33311 | | | | |
|---|---|---|--|------------------------|---|--|--|
| If above a | iddressos are incorrect in any way, line | Through incorrect in | formation and enter o | correction below. | | | |
| New Principal Office Address If Applicable 3 New Mail | | | ng Office Address, If Applicable | | Date Incorporated or Qualified To Do Business in Florida 06/14/1991 | | |
| Suite, Apt. #, etc. Suite, A | | | pt. #, etc. | | 5 FFI Number | | |
| City & State Ci | | City & State | City & State | | 65-0367131 Applied For Not Applicable | | |
| Zip | Country | Zip | Country | , | 6. CERTIFICATE | E OF STATUS DESIRED S | 8.75 Additional Fee required for a Certificate of Status |
| 7 Names | and Street Addresses of Each Officer a | nd/or Director (Flo | rida nonorofit comora | tions must list at lea | ast 3 directors) | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | | | City / State / Zip | | |
| PD | HITZGES, DAVID J | 9402 BURTON CT | | | ORLANOD FL | | |
| VP | ALTENO, KENNETH | | 7547 APT D DANIEL WEBSTER DR | | | WINTER PARK FL DDDD20598047 -01/16/9701010026 ****375.00 ****375.00 | |
| | | | REINSTATEMENT | | | | |
| | 8. Name and Address of Curre | ent 9. Name and Address of New Registered Agent | | | | | |
| SUITE 2101 FT. L | | oration, am familiar w SENT MUST SIGN | Street Address (P.O. Box Number is Not Acceptable) 2011 ALOMA AVE Suite, Apt. #, Etc. City WINTER PARK FL 32792 h and accept the obligations of Section 607.0505, F.S. Date 12/20/16 | | | | |
| | pes this corporation pay ept. of Revenue under | any intang | jible tax to th | | □ No \(\hat{\chi}\) | (See other on in | side for information tangible tax.) |
| 12. Loertif | y that I am an officer or director or the re | ceiver or trustee e | mpowered to execute | this application as | provided for in ch | apter 607 or 617, F.S. I furth | ner 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

gnature shall have the same legal effect as if made under oath.

OF SIGNING OFFICER OR DIRECTOR

(401) 677-7333