

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

99 OCT 25 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bj/afz

APPLICATION FOR <del>REINSTATEMENT</del>	 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DOCUMENT # **V49653**

1. Corporation Name

**NEWBERN EXPRESS COMPANY, INC.**

Principal Place of Business

1789 ROCKLEDGE DRIVE  
ROCKLEDGE FL 32955

Mailing Address

1789 ROCKLEDGE DRIVE  
ROCKLEDGE FL 32955

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/09/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3134451	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	NEWBERN, THOMAS L.	1789 ROCKLEDGE DR.	ROCKLEDGE FL
DST	NEWBERN, MARGUERITE W.	1789 ROCKLEDGE DR.	ROCKLEDGE FL
VP	BOYD, HOPE N.	3575 JAMES RD	COCOA FL 32926
			400003039874--1
			-11/09/99--01074--013
			****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NEWBERN, THOMAS L. 1789 ROCKLEDGE DRIVE ROCKLEDGE FL 32955		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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:  **REQUIRED** Date: 10-19-99

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 19.07(1)(X), 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:  **REQUIRED** Date: 10-19-99 Daytime Phone #: 407-631-6203

CS25040 (8/99)



Home of the  
WHOPPER®

**NEWBERN ENTERPRISES, INC.**  
A Franchisee of Burger King Corporation

*BZ*

October 19, 1999

Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

We received your Notice of Administration Dissolution for Newbern Express Company, Inc. Document number V49653. We are asking that the filing fee for reinstatement be waived.

The original 1999 Profit Corporation Annual Report was sent to the Department of State with the original \$150.00 filing fee on April 12, 1999. The application was returned to us by the state to be signed. I returned the signed document July 27, 1999.

We received a letter on August 9, 1999 stating that the annual report has been received but not filed and returned for corrections. I spoke to Wendy on August 10, 1999 and she informed me that everything was received, processed and would take up to four weeks.

We never received the original check #111198 back and believed that the matter was cleared up.

We are enclosing a new check, copies of all the documentation concerning this matter. We appreciate your attention and consideration of this request for waiver. If you have any questions please feel free to contact me at (407) 631-5203.

Sincerely,

*Joanne Johnson-Pranti*

Joanne Johnson-Pranti  
Office Manager

1800 South Huntington Lane  
Rockledge, Florida 32955  
(407) 631-5203  
FAX (407) 631-5992