

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 12 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V62077**

1. Corporation Name

ANOTHER RESTAURANT CORPORATION

Principal Place of Business

Mailing Address

837 GULF DRIVE
SANIBEL FL 33957-6922
US

837 GULF DRIVE
SANIBEL FL 33957-6922
US

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

REINSTATEMENT
MWB 12/13/96

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

1103 Schooner PL
Suite, Apt. #, etc.

1103 Schooner PL
Suite, Apt. #, etc.

City & State

City & State

Sanibel FL.

Sanibel FL.

Zip **33957** Country **Lee**

Zip **33957** Country **Lee**

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1992

5. FEI Number

65-0355453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	MOLINARI, ISABELLA	1103 SCHOONER PL	SANIBEL FL 33957
D.	MOLINARO, ISABELLA	1103 SCHOONER PL	SANIBEL FL 33957

100002030061--1
-12/17/96--01024--002
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURTY, TIMOTHY J.
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

Name

ANDREW S. EPSTEIN

Street Address (P.O. Box Number is Not Acceptable)

1601 JACKSON ST.

Suite, Apt. #, Etc.

SUITE 101

City

FORT MYERS

State

FL

Zip Code

33901

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-9-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-9-96

Daytime Phone #

941-4722939