

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT #** V63479

1. Corporation Name

ROADHOUSE RESTAURANTS, INC.

8-23-92

Principal Place of Business

C/O G.T. McDONALD ENTER.  
7951 S.W. 6TH ST. #112  
PLANTATION, FL 33324

Mailing Address

C/O G.T. McDONALD ENTER.  
7951 S.W. 6TH ST. #112  
PLANTATION, FL 33324

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/11/92

5. FEI Number

65-0382405

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)

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
PRES.	GERALD T. McDONALD	7951 S.W. 6TH ST #112	PLANTATION, FL 33324

**REINSTATEMENT** 96-97 1/8/97

8. Name and Address of Current Registered Agent

LEVINE, BRUCE M.  
5310 N.W. 33RD AVE.  
SUITE 119  
FT. LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
Suite, Apt. #, Etc.  
City  
TALLAHASSEE  
State  
FL  
Zip Code  
32301

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

*Laura R. Dunlap*

Laura R. Dunlap, as agent for  
Date 1/8/97  
REGISTERED AGENT MUST SIGN Corporation Service Company

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*nm rmm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

Date

Daytime Phone #

954 475-8332

CR2040 (12/85)

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0393 FAX

800-342-8086

(2)



PRENTICE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 214841 7105984

AUTHORIZATION :

COST LIMIT : \$ 915.00

*Patricia Pizzuto*

ORDER DATE : January 8, 1997

ORDER TIME : 12:51 PM

ORDER NO. : 214841-015

200002051502--7

CUSTOMER NO: 7105984

CUSTOMER: Ms. Audrey Frahm  
Gt Food Services, Inc.  
Suite 112  
7951 S. W. 6th Street  
Fort Lauderdale, FL 33324

DOMESTIC FILINGS

NAME: ROADHOUSE RESTAURANTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
JAN -8 PM 1:38  
ION OF CORPORATION