

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Tara B. Hooper
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

FILED

59 JUN -2 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V65776

1. Corporation Name

Interstate Double Drive-Thru, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

5383 Ehrlich Road
Suite, Apt. #, etc.
102

City & State
Tampa, Florida

Zip Country
33625 USA

3. New Mailing Office Address, If Applicable

5383 Ehrlich Road
Suite, Apt. #, etc.
102

City & State
Tampa, Florida

Zip Country
33625 USA

4. Date Incorporated or Qualified To Do Business in Florida

9/21/92

5. FEI Number

59-3149013

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	Giles, Jimmie V.	5383 Ehrlich Road, #102	Tampa, FL 33625

5A0002902865--6
-06/14/99--01005--013
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Name
Giles, Jimmie V.
Street Address (P.O. Box Number is Not Acceptable)
5383 Ehrlich Road
Suite, Apt. #, Etc.
Suite 102
City
Tampa
State
FL
Zip Code
33625

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.

Date 6/1/99

11. This corporation owes or has paid 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jimmie V. Giles

President 6/1/99

Date

Daytime Phone #

813/908-3535

CR2E040 (1/98)