

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 # **023952**

1. Corporation Name

Eugene Burger Management Corporation

Principal Place of Business

**481 Via Hidalgo
Greenbrae, CA 94904**

Mailing Address

**481 Via Hidalgo
Greenbrae, CA 94904**

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

4/18/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

94-17035 19

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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.	Burger, Eugene J.	481 Via Hidalgo	Greenbrae, CA 94904
Vice Pres.	Guth, Joseph R.	481 Via Hidalgo	Greenbrae, CA 94904
Vice Pres.	Vaughn, Ronald E.	481 Via Hidalgo	Greenbrae, CA 94904

**800002213518--2
-06/16/97--01155--011
***1088.75 ***1088.75**

8. Name and Address of Current Registered Agent

**EUBANKS, LISA RENEE
700 Transmitter Road
Panama City, FL 32401**

9. Name and Address of New Registered Agent

Name
EUBANKS, LISA RENEE
Street Address (P.O. Box Number is Not Acceptable)
700 Transmitter Road
Suite, Apt. #, Etc.

City
Panama City

State
FL

Zip Code
32401

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

Lisa Renee Eubanks

REGISTERED AGENT MUST SIGN

Date

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)(i), 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:

Eugene J. Burger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eugene J. Burger, President

5/21/97

Date

(415) 461-8660

Daytime Phone #

FILED

97 JUN 12 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

95-97

CR200-00 (12/96)