

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33372**

1. Corporation Name

EATERIES, INC.

Principal Place of Business

Mailing Address

1220 S SANTA FE AVE
EDMOND OK 33324

1220 S SANTA FE AVE
EDMOND OK 33324



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

73-1230348

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 3	City / State / Zip 4
CEO	ORZA, VINCENT F JR	2001 CAMBRIDGE WAY	EDMOND OK 73013
PCEO	BURKE, JAMES M	408 COUNTRY CLUB TERRACE	EDMOND OK 73003
VP	GROW, BRADLEY L	2020 MISTLETOE LANE	EDMOND OK 73034
S	ORZA, PATRICIA L.	2001 CAMBRIDGE WAY	EDMOND OK 73013
D	ORZA, EDWARD	720 GARRISON AVE	NEW YORK NY 10474
Trust	BUHLER, MARG <i>Edwards, Jon</i>	912 FOX HILL DRIVE <i>909 Potter Pl</i>	EDMOND OK 73034 <i>73003</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

100024189281
10/28/03--01016--01 State # Zip Code
FL #158:00

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. or 617.0505, F.S.

Signature of
Registered Agent

John J. Linnihan
John J. Linnihan, REGISTERED AGENT MUST SIGN

Date **10/24/2003**

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 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:

Jon Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/03

409-724-9096

CR2E040 (7/03)



October 13, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Our company, Eateries, Inc., did not receive our annual report form in the mail. Please review the address listed above to verify your records.

At this time, we are requesting a waiver of the reinstatement fee based on this information. Enclosed you will find the Reinstatement Application and \$150.00 fee.

Should you have any questions, please feel free to contact me at the number listed below. Thanks for your time and help!

Sincerely,

A handwritten signature in black ink that reads "Tamra Irons". The signature is fluid and cursive, with a large loop at the beginning.

Tamra Irons
Accounting/Compliance Manager
405-705-5087

