

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

98-024BR
 RATHER THAN
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED

02 MAR 25 AM 8:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # G12939
1. Corporation Name
 BB Q Enterprises Inc.
 Fat Boys Bar-8-Q

2. Principal Office Address 505 NE Hwy 19
 Suite, Apt. #, etc.

3. Mailing Office Address 505 NE Hwy 19
 Suite, Apt. #, etc.

City & State Crystal River, FL

City & State Crystal River FL

Zip 34429 **Country** US

Zip 34429 **Country** US

4. Date Incorporated or Qualified To Do Business in Florida 1993

5. FEI Number 59-2250910

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Bailey R. Goode

Street Address (P.O. Box Number is Not Acceptable) 505 NE Hwy 19

Suite, Apt. #, Etc.

City Crystal River, FL

State FL **Zip Code** 34429

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 ****750.00 ***750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Bailey R. Goode **Date** 2-15-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Bailey R. Goode	505 NE Hwy 19	Crystal River FL-34429
Sec	Jean M. Goode	505 NE Hwy 19	Crystal River, FL 34429
V Pres	Robert L. Kunselman	205 NE Crystal St.	Crystal River, FL 34429

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10. 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: Robert L. Kunselman **Date** 2-15-02 **Daytime Phone #** 352-795-1337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)