

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000090461

1. Corporation Name

THE BETHUNE GRILL, INC.

2. Principal Office Address - No P.O. Box #
731 DR. MARY MCLEOD BETHUNE BLVD.

3. Mailing Office Address
731 DR. MARY MCLEOD BETHUNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip
32114

Country
US

Zip
32114

Country
US

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida 07/01/2004

5. FEI Number
01-0805637

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name
DAYTONA SOLUTIONS! INC.

Street Address (P.O. Box Number is Not Acceptable)
524 S. SEGRAVE STREET

Suite, Apt. #, Etc.

2

City
DAYTONA BEACH

State
FL

Zip Code
32114

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06/15/07

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
P	HINES, Shannon D.	1652 Stocking Drive	Daytona Beach, FL 32114
	<i>\$76/21</i>		

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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 contained in Chapter 119, 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:

Shannon Hines Shannon Hines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-07
Date

(386) 212-2742
Daytime Phone #