

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 30 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *DA000060537*

1. Corporation Name
Steak House Incorporated

Principal Place of Business Mailing Address
P. O. Box 150303 P. O. Box 150303
Altamonte Sprs, FL 32715 Altamonte Sprs, FL 32715



REINSTATEMENT *an*

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

2. New Principal Office Address, If Applicable 750 N. Maitland Ave. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 750 N. Maitland Ave. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/18/1996
City & State Maitland, FL Zip 32751 Country USA	City & State Maitland, FL Zip 32751 Country USA	5. FEI Number 59-3422559 Applied For <input type="checkbox"/> Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

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
PD	William Barton	401 E. Semoran Blvd	Casselberry, FL 32707
S	Nancy Voegtlin	401 E. Semoran Blvd	Casselberry, FL 32707

900002390249--8
01/05/98-01131-012
***750.00 ***750.00

12-20-97

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name
Randall C. Smith
Street Address (P.O. Box Number Is Not Acceptable)
750 N. Maitland Avenue
Suite, Apt. #, Etc.
City
Maitland
State
FL
Zip Code
32751

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 *[Signature]* Date 12/29/97
REGISTERED AGENT MUST SIGN

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Nancy Voegtlin* Nancy Voegtlin, Sec. 12/29/97 (407)767-8279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone