PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P94000028595

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
03 APR 14 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028595

1. Corporation Name
BBQ Belleview, Inc.

500016220215
04/17/03--01075--026 **900.00

2. Principal Office Address	3. Mailing Office Address
2605 SW 33rd Street	2605 SW 33rd Street
Suite, Apt. #, etc.: Building 200	Suite, Apt. #, etc.: Building 200
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34474 Country: USA	Zip: 34474 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1994

5. FEI Number: 59-3241958 ☐ 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: Kirkpatrick, S. Kaye

Street Address (P.O. Box Number is Not Acceptable): 2020 SW 43rd Place

Suite, Apt. #, Etc.:

City: Ocala State: FL Zip Code: 34474

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: _____ Date: 3/12/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	S. Kaye Kirkpatrick	2020 SW 43rd Place Ocala FL	Ocala, FL 34474
VP	Wesley Dixon	P O Box 133	McIntosh, FL 32664
Tres	Kenneth B. Kirkpatrick	307 SE 21st Terrace	Ocala, FL 34471
Dir	John W. Kirkpatrick III	5203 NW 49th Lane	Gainesville, FL 32653
		REINSTATEMENT	
		REINSTATEMENT	

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: _____ 3/12/03 3526202514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #