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MOVERS CLAIM SERVICE

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AAAREA REALTY INC

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Chad. A. Walters, P.A.

0002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2002 UBR

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 464126 1. Corporation Name Lee & Rick's Oyster Bar No., 2, Inc.			
2. Principal Office Address 348 N. US1 Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Oak Hill, FL.		City & State Volusia	
Zip 32759 Country		Zip Country	

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-1565181	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

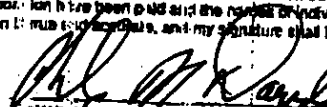
7. Name and Address of Current Registered Agent	
Name Chad A. Walters, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 174 W. Comstock Avenue	
Suite, Apt. #, Etc. #207	
City Winter Park	State FL
	Zip Code 32789

8. I, being appointed as 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 7/16/02

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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Claude M. Dowda	259 Golden Bay Blvd.	Oak Hill, FL. 32759

10. I certify that I am an officer or director of the corporation that is 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 stricken, the corporate name listed is 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(5)(i), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **Claude M. Dowda** **7-8-02** **386-527-6374**

MAY BE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #