PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUL 18 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 - 2002 UBR

DOCUMENT # 464126

1. Corporation Name
Lee & Rick's Oyster Bar No.,2, Inc.

2. Principal Office Address
348 N. US 1
Suite, Apt. #, etc.
City & State
Oak Hill, Fl.
Zip 32759 Country Volusia

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
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 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 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)

Title	Name of Officers 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 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 complies with 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
MANUALLY SIGNED AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #