

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

01 OCT -9 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02884

1. Corporation Name

Hemingway's Oyster Bar &
Caribbean BBQ, Inc.

2. Principal Office Address

35 W. Michigan St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Orlando, Fla.

City & State

Zip

32806

Country

USA

Zip

Country

REINSTATEMENT

0001

4. Date Incorporated or Qualified
To Do Business in Florida

5-16-79

5. FEI Number

59-1911651

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

Clay Townsend

100004642021-1

-10/18/01--01067--004

Street Address (P.O. Box Number is Not Acceptable)

35 W. Michigan St.

***300.00 ***300.00

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32806

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

REGISTERED AGENT MUST SIGN

Date 9-25-01

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.	Clay Townsend (Director)	35 W. Michigan St.	Orl. Fla. 32806
Sec.	Carl Townsend*	"	"
Treas.	Mary Townsend*	"	"
			LS

*shareholder only. no longer officer/director

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-01

Date

(407) 422-2956

Daytime Phone #