PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E: Hogd

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

838045

1. Corporation Name

TAVERN RESTAURANT GROUP, INC.

Principal Place of Business

Mailing Address

11385 MONTGOMERY RD

11385 MONTGOMERY ROAD STE 210

STE 210



FILED SEGRETARY OF STATE

DIVISION OF CORPCENT OF

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CINCINNATI OH 45249 **CINCINNATI OH 45249** US US REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/17/1977 5. FEI Number Applied For 61-0843459 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED X 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip Officer and/or Director and/or Directors 180 CHANNEL DRIVE NAPLES FL SVP SANDERS, DESHA JR CINCINNATI OH 45249 PD SANDERS, WALLACE 11385 MONTGOMERY RD, STE-210 11340 Montgomery Kd SD 1809 DALNA DR. LEXINGTON KY SMITH, MARY E Ď SIMMONS, GAYLE S 6840 SABLE RIDGE LANE NAPLES FL T HENSLEY, TOM 11385 MONTGOMERY RD. STE 210 CINCINNATI OH 45249 11340 MONTGOMEN Kol 11385 MONTGOMERY RD, STE VΡ YOUNG, DAVID R CINCINNATI OH 45249 206 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SANDERS, DESHA N JR Street Address (P.O. Box Number is Not Acceptable) 180 CHANNEL DRIVE 100023966861 Suite, Apt. #, Etc. NAPLES FL 33963-9142 10/21/03--01044--022 **150.00 City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11340 Montgomery Road Suite 206 Cincinnati, OH 45249 (513) 605-4700 (513) 605-4706 Fax

Tavern Restaurant Group, Inc.

October 14, 2003

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314-6327

Re:

Corporation 838045

Dear Sirs;

We have received the Notice of Dissolution for the above corporation. Unfortunately, our office did not receive either of the Annual Report notices sent earlier this year. Please accept our reinstatement application without penalty. A check for the \$150.00 fee is enclosed.

Sincerely,

Tom Hensley

Treasurer

Enclosures

jf