

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN -8 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F01000006437**

**1. Corporation Name**

Bachelor Restaurant Group, Inc.

**2. Principal Office Address**

1 EAST FIRST STREET

Suite, Apt. #, etc.

City & State

Reno NV

Zip

89501

Country

U.S.A.

**3. Mailing Office Address**

10463 HARRIER STREET

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33324

Country

U.S.A.

**REINSTATEMENT**

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/18/01

**5. FEI Number**

311567922

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

Carlos J. Villanueva, Esq.

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

2100 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

600

City

Coral Gables

State

FL

Zip Code

33134

488038198164  
06/23/04--01067--005 \*\*1093.75

**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

5-7-04

**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
D/P/S	Bachelor, Eric	10463 Harrier Street	Plantation, FL 33324
D	Bachelor, Brenda	10463 Harrier Street	Plantation, FL 33324

**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:**

Eric Bachelor, Pres., by Carlos J. Villanueva  
ATTY IN FACT 5-7-04 305-377-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)