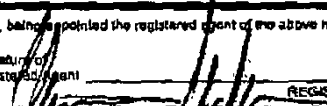
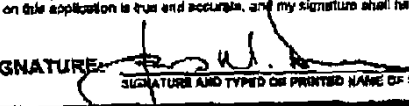


PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F07000003162			
1. Corporation Name WellDunn Restaurant Group, Inc.			
2. Principal Office Address - No P.O. Box # 315 South Biscayne Boulevard		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33131	Country	Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 06/21/2007
5. FEI Number 20-5408513		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		6.175 Additional Fee Amount for Certificate of Status	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation			
State FL		Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, certify that I am not a resident of this state and I am not a corporation or partnership organized under the laws of this state. (F.S. 607.0508 or 617.0508, F.S.) Signature of Registered Agent  Chris McNeary Assistant Secretary Date 6/22/08			
9. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)			
Titles P/T/S	Name of Officers and/or Directors James M. Dunn	Street Address of Each Officer and/or Director 315 South Biscayne Boulevard	City / State / Zip Miami, FL 33131
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 contained in Chapter 119, 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 		James M. Dunn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 11/26/08 Daytime Phone # 781-444-9374

REINSTATEMENT

CR2E081 (10/08)

08

Florida Department of State
Division of Corporations
Public Access System

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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

WELLDUNN RESTAURANT GROUP, INC.

Certificate of Status	0
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