

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. D

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F83621

1. Corporation Name

Skeets & Sara's Log Cabin Bar-B-Q, Inc.

2. Principal Office Address

480 Hardy Street

Suite, Apt. #, etc.

City & State

Labelle, FL

Zip

33935

Country

U.S.

3. Mailing Office Address

480 Hardy Street

Suite, Apt. #, etc.

City & State

Labelle, FL

Zip

33935

Country

U.S.

REINSTATEMENT 85-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/28/82

5. FEI Number

59-2149385

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

Sara M. Hinkle

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

480 Hardy Street

Suite, Apt. #, Etc.

City

Labelle,

State

FL

Zip Code

33935

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

Sara M. Hinkle

Date

8-28-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Sara M. Hinkle	480 Hardy Street	Labelle, FL 33935
VS	Timothy Howard	P. O. Box 1206	Labelle, FL 33975

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:

Sara M. Hinkle

8/28/02

Date

813-675-2443

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)