

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

H62731

1. Corporation Name

BROTHERS BARBECUE, INC.

2. Principal Office Address

3. Mailing Office Address

1046 MARTIN LUTHER KING JR. AVENUE

1803 LAKE DEESON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND, FL

LAKELAND, FL

Zip

Country

Zip

Country

33805

USA

33805

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/18/85

5. FEL Number

59-2571034

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

MARY L. HARRIS

600003802096-6

-03/06/01--01051--018

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

1803 LAKE DEESON DR

\*\*\*1200.00 \*\*\*1200.00

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33805

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

MARY L. HARRIS

REGISTERED AGENT MUST SIGN

Date 2/22/01

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
P, D	MARY L. HARRIS	1803 LAKE DEESON DR	LAKELAND, FL 33805

REINSTATEMENT 2000-01  
JMH

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:

MARY L. HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

Daytime Phone #