

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC -7 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K77251

1. Corporation Name

Village Square Restaurant, Inc.

2. Principal Office Address

301 W. South Park St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

City & State

same

Zip

Country

34972-4162

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/3/89

5. FEI Number

65-0113811

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

George W. Bush, Jr., Esq.

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

Fox, Wackeen, et. al.

Suite, Apt. #, Etc.

1100 S. Federal Highway

City

Stuart,

State

FL

Zip Code

34995-0006

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 6-9-04

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
PD	Brenda Kemp	301 W. South Park St.	Okeechobee, FL 34974

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:

Brenda Kemp Brenda Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-04

Date

863-467-0725

Daytime Phone #

863-467-0067

CR2E061 (01/04)

8-5-04

202

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Fl. 32399

Dear Sir,

I am the president of the Village  
Square Restaurant Inc. & did not  
receive the annual report for 2002.

I am enclosing a corporation reinstatement  
form & fee of \$300. Please reinstate!

Thank You

Debra Kemp

President

Village Square Rest.

301 W. S. Park St.

Okechokee, Fl 34974

#65-0113811