

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 11 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1495652

1. Corporation Name

Great Steaks & Spirits, Inc.

Principal Place of Business

Mailing Address

200 Golden Bay Blvd.
Oak Hill, Fl. 32759

621 E. Horatio Ave.
Maitland, Fl. 32751

REINSTATEMENT

93-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6-15-89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2960415

Applied For

Not Applicable

City & State

City & State

Zip

Country

Volusia

Zip

Country

Orange

6. CERTIFICATE OF STATUS DESIRED ☒ ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Claude M. Dowda	200 Golden Bay Blvd. Oak Hill, Fl. 32759	
Sec./ Treas.	Jimmy Dean Dowda	1982 Shannon Lane Apopka, Fl. 32703	500002238545-9 -07/15/97-01066-004 ***1418.75 ***1418.75

8. Name and Address of Current Registered Agent

Foley, Lardner, Gordon & Arkin
Orlando, Fl.

9. Name and Address of New Registered Agent

Name

Jimmy Dean Dowda

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

1982 Shannon Lane

Suite, Apt. #, Etc.

City

Apopka,

State

FL

Zip Code

32703

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Jimmy Dean Dowda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-800-333-5697

Daytime Phone #

CR2E040 (1/2/96)