T BY:CFWESC-FAXROOM ;12-31-96 ; 2:10PM ;CARLTON, FIELDS-TAMPA→ APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

1996 DEC 31 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUDIT NO. H96000018243 1

DOCUMENT # L46604

1. Corporation Name
LE BORDEAUX, INC.

Principal Place of Business	Mailing Address
% PAUL C. DAVIS ONE HARBOUR PLACE - SUITE 500 TAMPA FL 33602	% PAUL C. DAVIS ONE HARBOUR PLACE - SUITE 500 TAMPA FL 33602

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/30/1990

5. FEI Number: 59-2987976 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	DAVIS, GORDON	1401 DE SOTO AVENUE	TAMPA FL

REINSTATEMENT '96

SCC 12-31-96

8. Name and Address of Current Registered Agent

DAVIS, PAUL C.
ONE HARBOUR PLACE
SUITE 500
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

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: Paul C Davis
REGISTERED AGENT MUST SIGN
Date: 12/30/96

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 of 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: Gordon Davis · Gordon Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/30/96
Daytime Phone #

AUDIT NO. H96000018243 1

CR2E036 (7/96)

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L96604

(2)

12/31/96

FLORIDA DIVISION OF CORPORATIONS
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(((H96000018243 1)))

TO: DIVISION OF CORPORATIONS
FAX #: (904)922-4000

FROM: CARLTON, FIELDS, WARD, EMMANUEL, SMITH & CUT
CONTACT: ANNE ELLIS
PHONE: (813)223-7000
ACCT#: 076077000355
FAX #: (813)229-4133

NAME: LE BORDEAUX, INC.
AUDIT NUMBER.....H96000018243
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1
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