

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L83234

1. Corporation Name

CREATIVE RESTAURANTS CONCEPTS OF ORLANDO, INC.

2. Principal Office Address

4459 N. Pine Hills Road

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32808

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

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

6/26/90

5. FEI Number

593016744

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 HAKIM

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

4459 N. Pine Hills Road

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32808

400003632134-3
-02/05/01--01016--007
***1350.00 ***1350.00

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

1/19/2001

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
D	George Hakim, Jr.	4459 N. Pine Hills Road	Orlando, FL 32808

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: George Hakim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2001 407-293-3421

CR2E081 (9/99)