

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED
1998 JAN 16 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66103

1. Corporation Name

KIRKMAN ROAD SPORTS PUB & RESTAURANT, INC.

Principal Place of Business

4880 KIRKMAN RD.
ORLANDO FL 32811

Mailing Address

4880 KIRKMAN RD.
ORLANDO FL 32811

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1988

5. FEI Number

59-2874456

Applied For

Not Applicable

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)

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
P	MARTIN, CHAD	4025 S. APOPKA VINELAND RD.	ORLANDO FL 32835
VPST	JUDENAS, ASIJTE <i>Husenai Asijte</i>	9096 BROOKLINE CT.	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

STEIN, DONALD M
18814 BAY CLUB DR.
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name
ASIJTE HUSENAJ
Street Address (P.O. Box Number Is Not Acceptable)
9096 BROOKLINE CT
Suite, Apt. #, Etc.
City
ORLANDO FL State
FL Zip Code
32819

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

Asijte Husenai
REGISTERED AGENT MUST SIGN

VPST

Date

12/5/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Asijte Husenai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VPST

12/5/97

Date

Daytime Phone #

CR25040 (8/97)