

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 JUL 25 AM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03



600016675046
04/22/03--01064--030 **750.00

DOCUMENT # P00000006268

1. Corporation Name

THE BARBECUE COMPANY OF AMERICA

Principal Place of Business

307 DUVAL STREET
FORT WALTON BEACH FL 32547

Mailing Address

402 NORTHAMPTON CIRCLE
FORT WALTON BEACH FL 32547

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.

402 NORTHAMPTON CIRCLE

City & State

FORT WALTON BEACH, FL

Zip

32547 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2000

5. FEI Number

59-3643581

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MOON, VICKIE HUGHES, CHRISTIN	138 SHELL AVE 402 Northampton Circle	FORT WALTON BEACH FL 32548
VP	DAVIS, TODD B	30 SIXTH ST	SHALIMAR FL 32579
ST	HOLGUIN, KERI	2394 MARINA DR	FORT WALTON BEACH FL 32547
			600016675046 07/24/03--01004--001 **150.00
			07/24/03--01004--001 **150.00

8. Name and Address of Current Registered Agent

HUGHES, CHRISTIN A
402 NORTHAMPTON CIRCLE
FORT WALTON BEACH, FL 32547

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

April 14, 2003

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 14, 2003 857823-7849

Daytime Phone #

CR2E040 (8/02)