

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 30 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009243

1. Corporation Name

Stephens Restaurants Inc.

2. Principal Office Address

3719 E. Busch Blvd  
Suite, Apt. #, etc.

City & State

Tampa, FL 33604

Zip  
33604

Country

USA

3. Mailing Office Address

13801 N. 37th Street  
Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1-27-2000

5. FEI Number

59-3594754

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

Kenneth Stephens

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

13801 N. 37th Street Suite 1407

Suite, Apt. #, Etc.

1407

City

Tampa

State

FL

Zip Code

33613

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/10/04

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
CEO	Kenneth B. STEPHENS	13801 N. 37th Street # 1407	Tampa, FL 33613
VP	Christiane Stephens	13801 N. 37th Street # 1407	Tampa, FL 33613

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

3/10/04  
Date

813-632-8000  
Daytime Phone #

CR2081 (01/04)

PS - 2/82

TO WHOM IT MAY CONCERN,

I AM REQUESTING REINSTATEMENT OF MY CORPORATION STEPHENS RESTAURANTS INC. DUE TO THE CHANGE OF OFFICE LOCATION, I NEVER RECEIVED THE FORMS FOR MY ANNUAL REPORT. IN SPEAKING WITH ONE OF YOUR REPRESENTATIVES, THEY STATED FOR ME TO SEND THIS LETTER ALONG WITH THE REINSTATEMENT FORMS, AS WELL AS \$600.00 TO HAVE MY COMPANY REINSTATED. I AM ALSO ADDING AN ADDITIONAL \$8.75 FOR AN CERTIFICATE OF STATUS. I THANK YOU FOR YOUR HELP, AND IF THIS CAN BE EXPEDITED I WOULD BE FOREVER GREATFUL. MY MAILING ADDRESS IS 13801 NORTH 37<sup>TH</sup> STREET, #1407, TAMPA, FL 33613.

THANK YOU,

A large, stylized handwritten signature in black ink, appearing to be 'KS' with a long horizontal flourish extending to the right.

KENNETH STEPHENS