

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 17 PM 4:53

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000014446

1. Corporation Name

Tudor Rose Restaurants, Inc.

2. Principal Office Address

3639 Kingston Boulevard

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34238

Country

USA

3. Mailing Office Address

3639 Kingston Boulevard

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34238

Country

USA

700009528647
12/16/02--01085--007 **900.00

REINSTATEMENT 01-02

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

February 3, 2000

5. FEI Number

65-0368096

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

Donald J. Harrell

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

1776 Ringling Boulevard

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34236

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

Donald J. Harrell
REGISTERED AGENT MUST SIGN

Date

12/12/02

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
P/AS/A	Adrian Edwin Tilston	3639 Kingston Boulevard	Sarasota, FL 34238
VP/S/T	Elizabeth King	3639 Kingston Boulevard	Sarasota, FL 34238

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

12/11/2002

Date

941-650-2046

Daytime Phone #