



#### FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

ESTATE ARY OF STATE

02 JAN 25 AM 11:27

# DOCUMENT #

1. Corporation Name

RAVENDALE VENTURES, INC.

2 Principal Office Address 4322 Marks	h LANEE Way	3. Mailing Office	Address		296892 201012003 .00 ****150.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Date Incorporated or Qualified     To Do Business in Florida	
City & State _Lake_Worth,_	_FL	City & State			Applied For
33463 Co	puntry	Zip	Country	65 089 1817 CERTIFICATE OF STATUS DESIRED	
100					

7. Name and Address of Current Re	gistered Agent
Name	
Steven Allbright	900004829689+-3
Street Address (P.O. Box Number is Not Acceptable)	-01/28/0201012004
3027 30th Lane [[ta], []]_7	****150.00 ****150.00
Suite, Apt. #, Etc. ,	
City	State Zip Code
 Lake Worth	FL 334637

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation	ations of section 607.0505 or 617.0503, F.S.
AAAAA	
Signature of	
Registered Agent PEGISTEDED ACENIT MUST SIGN	Date10/30/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

	1	The state of the s	· · · ·
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.	Steven D. Allbright	4322 Marks Way 3027 30Th Lane	Lake Worth, FL 33463
- D	-Ramah G. Allbright	1	Lake-Worth, FL 33463
	`		
			161/25
			1110

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 filling 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 signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 758-8324

October 30, 2001

Secretary of State The Capital Tallahassee, FL

Re: Ravendale Ventures, Inc.

Reinstatement

Dear Sir:

Please be advised that I never received any notices for 2001 from the Secretary of State and request that you waive any late fees regarding the reinstatement of the above corporation.

1 1 1 1 Carry 1 1 3 4 1 1

Thank you for you attention to this matter.

Very truly yours,

Steven Allbright

Lake Worth, FL 33463

STATE OF FLORIDA COUNTY\_OF\_PALM\_BEACH

PERSONALLY APPEARED before me the undersigned authority,

Struct Allocate, who is personally known to me or
has produced activity License as identification
and after being duly sworn, deposes and says that he has freely and
voluntarily signed the foregoing and who did take an oath.

SWORN TO AND SUBSCRIBED before me this 29 day o

Gail LeChard

Commission & CC 995645

Expires Jan. 22, 2005

Bonded Thru

Atlantia Booding Co. Inc.

Notary Public, State of Florida

Commission No.:

My Commission Expires:

#### Florida Department of State

Division of Corporations
Public Access System
Katherme Harris, Secretary of State

Electronic Filing Cover Sheet

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TO

Division of Corporations

Fax Number : (850)205-0383

rom: Nery C. Toledo, Legal Assistant

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number : 075471001363 Phone : (305)374-5600

Fax Number : (305)374-5095

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UZ JAN 25 PH 1: 3 SECRETARY OF STATI ALLAHASSEE, FLORIT

## 2001-2002

### LIMITED LIABILITY REINSTATEMENT

WEST PALMDEN RESTAURANTS, LLC

Certificate of Status	1
Certified Copy	Q
Page Count	01
Estimated Charge	\$205.00

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