		PLEASE READ A	ALL INSTRUCT	IONS BEFOR	E COMPLET	ING TI	HIS FORM	1.		,
	RPORATI STATEM	(2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Secretar	TMENT OF STA ne Harris y of State orporations	- 'o		LED PH 2: 3	1		
DOCUMENT # p00000080543  I. Corporation Name THE CONCH HOUSE RESTAURANT, INC. 2982 MARIPOSA CIRCLE PALM CITY, FL 34990							Y OF STATE EE, FLORIDA		•	
2. Principa	l Office Addre	ess	3. Mailing Office Addre	3. Mailing Office Address						
1205 NE DIXIE HIGHWAY			2982 MARIE	E .						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. Date Inco	rporated or siness in Flo	Qualified	/21/	2000	)
City & State			City & State PALM CITY, FL			<b>5.</b> FEI Number				ied For
JENSEN BEACH, FL					I .	65-1038983				Applicable
Zip Country			Zip	Country	6.		S DESIRED 🔲 \$	8.75 Ad	ditional F	ee require
349	57	USA	34990	USA		20,01110	\$ \$2011(25 C)	for a Co	ertificate	of Status
	7. Name and Address of Current Registered Agent    Name									
3. I, being Signature of Registered in	<u> </u>	e registered agent of the above	e named corporation, am		t the obligations of sec	tion 607.050	6-7-6			
9. Names	and Street A	ddresses of Each Officer and	or Director (Florida nonpre	ofit corporations must li	st at least 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PSTD	FRED M. VANDERVEER			2982 MARIPOSA CIRCLE		PAL	M CITY,	FL	349	90
		,								
										<u>.                                    </u>

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, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

ann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6-7-002 Date

Daytime Phone #

The Conch House Restaurant, Inc. 2982 SW Mariposa Circle Palm City, FL 34990 June 7, 2002

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Dear Sirs:

I am enclosing the application for reinstatement for The Conch House Restaurant, Inc.. I am also enclosing a check for the corporation renewal of \$300.00 (\$150.00 for year 2001, and \$150.00 for year 2002).

Due to a change of address, I never received the Uniform Business Report for year 2001 or any of the delinquent notices. I respectfully request that the late filing penalty be abated.

If you have any questions, please call me.

In Vaniere

Sincerely,

Fred Vanderveer