


HO2000154325 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

02 JUN 18 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P0000082136**

1. Corporation Name  
**STRAWBERRIES RESTAURANT & LOUNGE OF PLANTATION, INC.**

2. Principal Office Address <b>451 North State Road 7</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>SAME</b> Suite, Apt. #, etc.	
City & State <b>Plantation, Florida</b>		City & State <b>SAME</b>	
Zip <b>33317</b>	Country <b>USA</b>	Zip <b>SAME</b>	Country

**REINSTATEMENT 2001-2002**

4. Date Incorporated or Qualified To Do Business in Florida **8-30-2000**

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  **3575** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**GEORGE, CAMPBELL**

Street Address (P.O. Box Number is Not Acceptable)  
**451 North State Road 7**

Suite, Apt. #, Etc.

City  
**Plantation**

State  
**FL**

Zip Code  
**33317.**

B. 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 *George Campbell*  
REGISTERED AGENT MUST SIGN

Date

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
VD	GEORGE CAMPBELL	451 North State Road 7	Plantation, FL 33317.

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: *George Campbell* **GEORGE CAMPBELL** **6-18-2000 954-796-8081.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**Florida Department of State**  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet**

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**(((H02000154325 3)))**

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**To:**  
Division of Corporations  
Fax Number : (850)205-0384

**From:**  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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**CORPORATION REINSTATEMENT**

**STRAWBERRIES RESTAURANT & LOUNGE OF PLANTATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00