

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 17 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097313

1. Corporation Name

Harrison's Grill & Bar Inc.

2. Principal Office Address

401 S Ft. Harrison Ave
Suite, Apt. #, etc.

3. Mailing Office Address

34 Ridgemoor Ln.
Suite, Apt. #, etc.

City & State

CLEARWATER-FL Safety Harbor-FLORIDA

City & State

Safety Harbor-FLORIDA

Zip

33756

Country

USA

Zip

34655

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

October 16, 2000

5. FEI Number

583677859

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

Aliye KARA

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

34 Ridgemoor Ln. Safety Harbor

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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

Aliye Kara

REGISTERED AGENT MUST SIGN

Date 12/1/02

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
Owner President	Aliye Kara	34 Ridgemoor Ln.	Safety Harbor FL, 34695

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:

Aliye Kara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/02

Date

727-3855836

Daytime Phone #

CR2E081 (9/01)