

FILED

03 JAN 22 PM 3:49

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701000040355

1. Corporation Name

BAHAMIAN REEF TAKE OUT CORP.

2. Principal Office Address

1224 NW 16 CT.

3. Mailing Office Address

1224 NW 16 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

EIN-65110865-7

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEWART, DELORES

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

1224 NW 16 COURT

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33311

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

Date 12/5/2002

REGISTERED AGENT MUST SIGN

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
D	STEWART, DELORES	1224 NW 16 CT.	FT. LAUD. FL. 33311
D	STEWART, BRONLEY	1224 NW 16 CT.	FT. LAUD. FL. 33311

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

12/5/2002 954 523 3969

Date

Daytime Phone #

js 1/24