

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000044671

1. Corporation Name

CHARLIE'S SPECIALTIES, INC.

Principal Place of Business

375 W 7TH STREET STE 104
ORLANDO FL 32824

Mailing Address

375 W 7TH STREET STE 104
ORLANDO FL 32824



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3716531

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LANDERS, CHARLES E	8801-4 TURF WAY 1804 ABERNANT COURT	ORLANDO FL 32824 32837

8. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

CHARLES E. LANDERS

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

1804 ABERNANT COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Charles E. Landers
REGISTERED AGENT MUST SIGN

Date

12/10/02
12/28/02

11. 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:

Charles E. Landers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/02
12/28/02

Daytime Phone #

(407) 325-2103

CHARLIE'S SPECIALTIES, INC.

375 W. 7th Street, Ste 104 - Orlando, FL 32824
(407) 816-6711 * (407) 240-2107 fax

~~October 28, 2002~~
12-10-02 ✓

Mr. Jim Smith
Secretary of State
Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

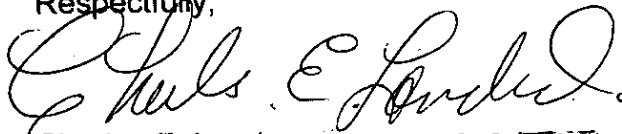
Dear Sir:

Please reinstate the above named corporation. The appropriate fees are enclosed and the Application for Reinstatement is attached.

We have unknowingly neglected filing of this form, as we are a first year Corporation and were not familiar with the procedure. We did not receive this form at any time during this year.

Please accept our apologies and rest assured we will expect this form again next year.

Respectfully,



Charles E. Landers