

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 NOV 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048765

1. Corporation Name

SUB ISLAND RESTAURANT INC.

Principal Place of Business

456 FAIRVILLA RD.
ORLANDO FL 32808

Mailing Address

456 FAIRVILLA RD.
ORLANDO FL 32808

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2001

5. FEI Number

55-0803215

Applied For

Not Applicable

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

PHILON, POK AE

456 FAIRVILLA RD.

ORLANDO FL 32808

8. Name and Address of Current Registered Agent

PHILON, POK AE
456 FAIRVILLA RD.
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

PHILON, POK AE
REGISTERED AGENT MUST SIGN

Date

10/29/2002

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)(l), 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:

PHILON, POK AE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Florida Department Of State
Department Of Corporations
Tallahassee Florida.

Dear Madam / Sir,

Please find enclosed a copy of my annual report for the year 2002. Also, a check in the amount of one hundred fifty dollars (\$150.00) was mailed to you earlier this year which was not returned. . As I discussed over the phone earlier this week I thought that I had satisfied my all of my requirements when I sent in my check and the annual report. I did not find anything in the mail to indicate that I was delinquent. Please see enclosed all of the info you requested. I hope that this submission will reinstate my corporation. The name of my corporation is SUB ISLAND RESTAURANT INC. The Document number is P01000048765.

Sincerely,


POK AE PHILON