

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 22 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084163

1. Corporation Name

CALABASH-RESTAURANTS, INC.

Principal Place of Business

633 N.E. 125TH STREET
NORTH MIAMI FL 33161

Mailing Address

633 N.E. 125TH STREET
NORTH MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/2001

5. FEI Number

75-3031841

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BRYANT, DORCAS	633 N.E. 125TH STREET	NORTH MIAMI FL 33161
VP	ODUYOYE, OLAJIDE	633 N.E. 125TH STREET	NORTH MIAMI FL 33161
S	BRYANT, CLARENCE	633 N.E. 125TH STREET	NORTH MIAMI FL 33161

8. Name and Address of Current Registered Agent

BRYANT, DORCAS
633 N.E. 125TH STREET
NORTH MIAMI FL 33161

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

~~SIGNATURE REQUIRED~~
REGISTERED AGENT MUST SIGN

Date

11-10-02

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-02

305-892-7870

CR2E040 (8/02)

11-12-02

282

Department of State
Division of Corporations
Reinstatement Section
FL 32314

Dear Sir/Madam

RE: Exhausting Circumstances regarding
Reinstatement/Payment

CALABASH Inc has been in business for 9mo, and since then we have not been able to make a profit. We decided therefore, that we would use of pay-checks to keep this business open. However, things are not going the way we had planned and lately the fee for UBR of \$750.00 plus our monthly expenses would put us ~~out~~ out of business. Please could you assist us in accepting a payment arrangement so that we could at least survive into the next year?? To date I have received no notice for 2002, and is it possible to have the late fee waived?. In closing is a check for \$150.00 and your reply would go a long-way in removing our anxiety.

Yours Sincerely
D. Bryant.

