

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 -6 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000114338**

1. Corporation Name

BEEF O'BRADY'S ENTERPRISES IN TEMPLE TERRACE, IN C.

Principal Place of Business

**702 ROB ROY PL
TEMPLE TERRACE FL 33617-4251**

Mailing Address

**702 ROB ROY PL
TEMPLE TERRACE FL 33617-4251**

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

11/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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
Pres	KEVEN WOODLAND	702 Rob Roy	Temple Terrace FL 33617
VP	Robert F Woodland	702 Rob Roy	Temple Terrace FL 33617

800009399368
12/06/02--01053--006 **150.00

8. Name and Address of Current Registered Agent

**RUSSELL, G.H. JR
9308 OLD PASCO RD
WESLEY CHAPEL FL 33544**

9. Name and Address of New Registered Agent

Name **Angela Woodland**
Street Address (P.O. Box Number is Not Acceptable)
702 Rob Roy
Suite, Apt. #, Etc. **Temple Terrace**
City **Temple Terrace** State **FL** Zip Code **33617**

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 **11-05-02**

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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-01-02
11-05-02 **352 588 4297**

CR2E040 (8/02)

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Beef O'Brady's Enterprises in Temple Terrace
P01000114338

We are in receipt of your Notice of Administrative Dissolution for the above referenced corporation.

An application for reinstatement along with the \$150.00 filing fee is enclosed.

The prior UBR notices were not received. We request waiver of the reinstatement fee.

Thank you for your assistance. Please advise if additional information is required.

Yours truly,

A handwritten signature in black ink, appearing to read "R. F. Woodard". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.