

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -3 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000077125**

1. Corporation Name

CENTRAL AVENUE RESTAURANTS, INC.

Principal Place of Business

Mailing Address

100 E. PINE STREET
SUITE 600
ORLANDO F: 32801

100 E. PINE STREET
SUITE 600
ORLANDO F: 32801

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



REINSTATEMENT 2003 WDP

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2002

5. FEI Number

14-1838516

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | Cameron Kuhn | 100 E. Pine Street Suite 600 | Orlando, FL 32801 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

100024334301

10/31/03--01056--026 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIETRICH, D. PAUL II
37 NORTH ORANGE AVENUE
SUITE 200
ORLANDO FL 32801

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

10/30/03

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

10/30/03

Daytime Phone #

(407) 540 9546

CR20040 (7/03)

October 30, 2003

Cameron Kuhn, President
Central Avenue Restaurants, Inc.
100 E. Pine Street, Suite 600
Orlando, FL 32801

Florida Department of State
Division of Corporations
Attn: Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: REINSTATEMENT REQUESTED – ANNUAL REPORT NOT RECEIVED

Encl: Corporate Reinstatement Form
Check made payable to Department of State for \$158.75

Dear Sir or Madam,

Please find enclosed our Corporate Reinstatement Form. To the best of my knowledge, we never received our 2002 Annual Report Form(s).

Based on such, we respectfully request our late filing penalty or penalties be waived.

Please find enclosed our check for \$158.75, including \$150.00 for our 2003 Annual Report and \$8.75 for a Certificate of Status.

Sincerely,



Cameron Kuhn, President
Central Avenue Restaurants, Inc.