

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000089312**

1. Corporation Name

CLARKIE'S RESTAURANT, INC.

Principal Place of Business

~~1812 BARDMOOR HILL CIRCLE~~
ORLANDO FL 32835

Mailing Address

1812 BARDMOOR HILL CIRCLE
ORLANDO FL 32835

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

2. New Principal Office Address, If Applicable

3110 SOUTH ORANGE AVE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32806-6112

Country

ORANGE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2002

5. FEI Number

68-0517696

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
D	ABDELMAWLA, ELSAYED M	1812 BARDMOOR HILL CIRCLE	ORLANDO FL 32835

800023802388
10/15/03-01016-014 **150.00

8. Name and Address of Current Registered Agent

ABDELMAWLA, ELSAYED M
1812 BARDMOOR HILL CIRCLE
ORLANDO FL 32835

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

10/10/03

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

10/10/03

Daytime Phone #

CR2E040 (7/03)

Brinkman Accounting

Tax & Financial Services

4853-A South Orange Avenue
Orlando, Florida 32806-6967

Phone (407) 857-2115
Fax (407) 857-2124

October 10, 2003

Florida Department of State
Division of Corporation
P.O. Box # 6327
Tallahassee, FL 32314

RE: Clarkie's Restaurant, Inc.
1812 Bardmoor Hill Circle
Orlando, FL 32835-8154
Document # P02000089312

To Whom It May Concern:

We just received a Notice of Administrative Dissolution or Revocation from your office. We ask that all penalties be abated and the corporation be reinstated. Clarkie's Restaurant, Inc. is a brand new corporation. Their date of incorporation is August 16, 2002. They are not used to the registration being required each year and never received the form from your office. If they would have received the form, they would have filed the form and paid the fee by May 01. The first they knew about these requirements was when they received your Notice of Administrative Dissolution or Revocation. Enclosed please find the completed form plus our fee like we were instructed to do on the telephone. Again we ask that all penalties be abated.

Thank you,



Robert E. Owens
Accountant

Elsayed M. Abdelmawla
President

