

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL -6 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000089535**

**1. Corporation Name**

Suleiman Enterprise Corporation  
dba Great Steak & Potato Company  
6419 Newberry Road  
10639 Belo Horizonte Avenue

**2. Principal Office Address**

6419 Newberry Road

Suite, Apt. #, etc.

Space G-6

City & State

Gainesville, Florida

Zip

32605

Country

USA

**3. Mailing Office Address**

10639 Belo Horizonte Avenue

Suite, Apt. #, etc.

City & State

Clermont, Florida

Zip

34711

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8-18-02

**5. FEI Number**  
42-1546693

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Patti-Jo Jernigan

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

953 10th Street

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 6/10/04

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Jessie Suleiman	10639 Belo Horizonte Avenue	Clermont, FL 34711
V-P	Aries Suleiman	0639 Belo Horizonte Avenue	Clermont, FL 34711

**10.** 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:**

*Aries Suleiman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-04

Date

352-241-0134

Daytime Phone #

CR2E081 (01/04)