PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000093586

1. Corporation Name
J. ALLEN'S BUS STOP GRILLE & BAR, INC.
12924 49TH STREET N., CLEARWATER, FL 33762

REINSTATEMENT

2. Principal Office Address
12924 49TH STREET N
Suite, Apt. #, etc.
City & State
CLEARWATER, FL
Zip
33762
County

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
County

4. Date Incorporated or Qualified To Do Business In Florida 8-28-02

5. FEI Number
82-0563945
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name J. ALLEN MILLER

Street Address (P.O. Box Number is Not Acceptable) 12924 49TH STREET, NORTH

Suite, Apt. #, Etc.

City CLEARWATER

State FL

Zip Code 33762

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 12-23-03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	J. ALLEN MILLER	1750 LAKE AVENUE SOUTH	CLEARWATER, FL 33756

10. I certify that I am an officer or director of the reviver 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 records 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 officers listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. This 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 AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR

Date 12-23-03

Daytime Phone # 727-573-4888

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

HOMTECH CONCEPTION, INC

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