

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC -8 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000114459

1. Corporation Name

LOBSTER MARKET OF FLORIDA, INC.

Principal Place of Business

887 JACKSON AVE
WINTER PARK FL 32789

Mailing Address

887 JACKSON AVE
WINTER PARK FL 32789

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2002

5. FEI Number

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	METIVIER, BEN D.	887 JACKSON AVE	WINTER APRK FL 32789
D	METIVIER, MARK NATHAN J.	887 JACKSON AVE	WINTER APRK FL 32789
D	YOUNG, EDWARD C.	887 JACKSON AVE	WINTER APRK FL 32789

400025331604
12/08/03--01087--011 **750.00

8. Name and Address of Current Registered Agent

LABERT, STEVEN M
226 HILLCREST ST
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

EDWARD C. YOUNG

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

8600 VENEZIA DR.

Suite, Apt. #, Etc.

APT # 2234

City

ORLANDO

State

FL

Zip Code

32810

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/1/03

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

EDWARD C. YOUNG

12/1/03 (407) 622-1104
Date Daytime Phone #

CP2ED040 (7/03)