

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 12 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 02 000/35527**

1. Corporation Name

**DIAMONDBACKS Steak House & Sports
Drinks INC**

2. Principal Office Address

745 RIDGEWOOD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

745 RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Holly Hill, FL

Zip

32117

Country

USA

Zip

32117

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2002

5. FEI Number

92-0187049

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

JOHN T. MANNING

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

745 RIDGEWOOD AVE

Suite, Apt. #, Etc.

City

Holly Hill

State

FL

Zip Code

32117

200030380052
03/12/04-01046-013-44900 00

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

John Manning

REGISTERED AGENT MUST SIGN

Date

3/9/04

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
Dir.	JOHN T. MANNING	731 LITTLE CREEK CT	PORT ORANGE, FL 32119
Pres.	SHARON LAKS	731 LITTLE CREEK CT	PORT ORANGE, FL 32119

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04 **386 2555596**

Date

Daytime Phone #

CR2E081 (01/04)