

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 21 PM 1:08

STATE
ALABAMA, FLORIDA

DOCUMENT # P03000062533

1. Corporation Name

ACB Restaurant Corp

2. Principal Office Address - No P.O. Box #

13551 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

13551 Biscayne Blvd

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

REINSTATEMENT

CH2E007 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

08/04

5. FEI Number

42-1639845

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

Sachin Brahmhatt

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

13551 Biscayne Blvd

Suite, Apt. #, Etc.

City

North Miami, FL

State

FL

Zip Code

33181



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 8-14-07

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	Sachin Brahmhatt	13551 Biscayne Blvd	North Miami, FL 33181
VP	Satyam Brahmhatt	13551 Biscayne Blvd	North Miami, FL 33181

8/22

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08/21/07--01062--004 **450.00

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 contained in Chapter 119, 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

8-14-07

Date

(904) 537-9532

Daytime Phone #