

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004-2005
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FILED

06 FEB 23 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD4000042974
1. Corporation Name Deep Down South Barbeque INC

400066522634
02/24/06--01004--001 **350.00

CR2E081 (12/05)

2. Principal Office Address <u>301 Kamel Pkwy</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>301 Kamel Pkwy</u> Suite, Apt. #, etc.	
City & State <u>Cape Coral FL</u>		City & State <u>Cape Coral FL</u>	
Zip <u>33904</u>	Country <u>US</u>	Zip <u>33904</u>	Country <u>US</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>03/01/04</u>	
5. FEI Number <u>65122-1456</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Patricia White</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>301 Kamel Pkwy</u>		
Suite, Apt. #, Etc.		
City <u>Cape Coral</u>	State <u>FL</u>	Zip Code <u>33904</u>

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 Patricia A. White Date 02/15/06
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	<u>Ernest L White</u>	<u>Colonel Maham Dr</u>	<u>Pineville S.C. 29469</u>
VP	<u>Patricia White</u>	<u>301 Kamel Pkwy</u>	<u>Cape Coral FL 33904</u>
Chmn	<u>Albert Hudson</u>	<u>301 Kamel Pkwy</u> <u>Cape Coral FL 33904</u>	<u>Cape Coral FL 33904</u>

REINSTATEMENT 05-06

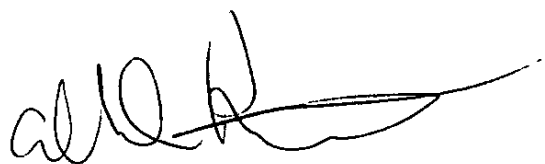
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: Patricia A. White Date 02/15/06 239-699-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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Deep Down South BBQ
301 Kamal Pkwy
Cape Coral Fl 33904
239-699-0067

This letter is to inform that the payment was made on the return check by money order but the money order was returned by the State, so now were paying for the check,, the new year and certificate . Thank you.

A handwritten signature in black ink, appearing to be 'all Q H' followed by a long horizontal stroke.