

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000100573

1. Entity Name
SOL E MAR BRAZILIAN STEAK HOUSE, INC.



FILED

07 JAN 25 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~6165 PARK BLVD~~
PINELLS PARK, FL 33781

Mailing Address
~~6165 PARK BLVD~~
PINELLS PARK, FL 33781

2. Principal Place of Business - No P.O. Box #
6715 49th St N

3. Mailing Address
6715 49th St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pinellas PK - FL

City & State
Pinellas PK - FL

Zip
33781

Country
US

Zip
33781

Country
US

01172007

REIN-P

CR2E098 (1/07)

4. FEI Number
41-2180398

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAINES, NEUSA B
~~6165 PARK BLVD~~
PINELLS PARK, FL 33781

7. Name and Address of New Registered Agent

Name
RAINES, NEUSA B

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

6715 49th St N

City
Pinellas PK

FL

Zip Code
33781

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Neusa Raines

(NOTE: Registered Agent signature required when reinstating)

01/17/2007

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RAINES, NEUSA B
6165 PARK BLVD
PINELLS PARK, FL 33781 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RAINES, NEUSA B
6715 49th St N
Pinellas PK - FL - 33781 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500086465855
01/30/07--01003--005 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Neusa Raines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/07

Date

Daytime Phone #

REINSTATEMENT

06-07

K. Ecke: JAN 20 2007