

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 19 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000061688

1. Corporation Name

MMEP Beefs of Lehigh, Inc DBA Beef O' Brady's

700139170457
12/19/08--01036--007 ***300.00

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

3114 Lee Boulevard

Suite, Apt. #, etc.

Unit 5

City & State

Lehigh Acres, Florida

Zip

33971

Country

USA

3. Mailing Office Address

3114 Lee Boulevard

Suite, Apt. #, etc.

Unit 5

City & State

Lehigh Acres, Florida

Zip

33971

Country

USA

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/06

5. FEI Number

20-4790369

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 Paugh

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

3831 SE 13th Avenue

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/17/08

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	John Paugh	3831 SE 13th Ave	Cape Coral, Fla, 33904
VP	Peter Ennis	20306 Torre Del Lago Street	Esteros, Fla, 33928
T	William Martinez	107 Hickory Creek Blvd	Brandon, Fla, 33511
S	John Martinez	502 Isle Bay Drive	Apollo Beach, Fla, 33572

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/08

Date

239-369-0390

Daytime Phone #

DC 12/22