

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000035239

1. Corporation Name McMillon's Bar-B-Que & Catering Inc.

300161980683
10/21/09--01028--004 **300.00

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

1508 Martin Luther King Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

1508 Martin Luther King Blvd.
Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33069

Country

United States

City & State

Pompano Beach FL

Zip

33069

Country

United States

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/2007

5. FEI Number

263045952

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

David McMillon

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

1508 Martin Luther King Blvd.

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

☒ 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

10/20/09

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
<u>D</u>	<u>David McMillon</u>	<u>630 NW 15th Ave.</u>	<u>Pompano Beach FL 33069</u>

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

10/20/09

Date

954-461-4820

Daytime Phone #