

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07000065964**

1. Corporation Name

GREAT AMERICAN STEAK CORPORATION

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

505 PARKWOOD DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

P.C., FL

City & State

Zip

32405

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Ahmed H. Kenawy

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

505 PARKWOOD DR

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

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

A. H. Kenawy
REGISTERED AGENT MUST SIGN

Date

2/20/10

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
P	Ahmed H. Kenawy	505 PARKWOOD DR	P.C., FL 32405
V.P	EEHAB Kenawy	621 W. BALDWIN AVE	PC FL 32405
TRES.	Sherief Kamel	3728 Baytree RD	L. Haven FL 32444

10. E-mail Address:

KENAWY/PHD@YAHOO.COM
(To be used for future annual report notification)

11. 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. I further certify, 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:

A. H. Kenawy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/10

Daytime Phone #

FILED

10 APR 29 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600178579666
04/29/10--01007--024 **300.00

REINSTATEMENT

09-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

26-0294815

Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

4/30/2010