

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

12 DEC 14 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

REINSTATEMENT 2011

CR2E081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000012892

1. Corporation Name

Darryl's Place Restaurants, INC.

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

1170 LITTLE River
Dr.

3. Mailing Office Address

1170 LITTLE River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

Country

33150

U.S.A.

Zip

Country

33150

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2-7-11

5. FEI Number

27-4831069

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

Darryl R. Johnson, SR.

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

1170 LITTLE River DR.

Suite, Apt. #, Etc.

City

Miami, FL.

State

FL

Zip Code

33150

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 12-11-2013

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	Darryl R. Johnson, SR.	1170 LITTLE River Dr.	Miami, FL. 33150

10. E-mail Address: chef@dmiami@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

12-11-2013

305.323.4045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEC 18 2011

A. DUNLAP