

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

and B. Mo'ham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR -6 PM 12: 08

DOCUMENT # P93000060895

1. Corporation Name

The Point Steakhouse, Inc.

Principal Place of Business

2300 Glades Road
Suite 400 East Tower
Boca Raton, FL 33431

Mailing Address

2300 Glades Road
Suite 400 East Tower
Boca Raton, FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

2300 Glades Road

Suite, Apt. #, etc.

415 East Tower

City & State

Boca Raton, Florida

Zip

33431

Country

USA

3. New Mailing Address, If Applicable

2300 Glades Road

Suite, Apt. #, etc.

415 East Tower

City & State

Boca Raton, Florida

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/93

5. FEI Number

65-0431628

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Steven R. Tubbs	2300 Glades Road Suite 415 East Tower	Boca Raton, FL 33431

200002107842--1
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****915.00 ****915.00

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

Jeff M. Brown
4800 N. Federal Highway
Suite 300D
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name

Steven R. Tubbs

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

2300 Glades Road

Suite, Apt. #, Etc.

400 East Tower

City

Boca Raton

State

FL

Zip Code

33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/3/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

3/3/97

Daytime Phone #

CR2E040 (12/95)