APPLICATION FOR	ALL INSTRUCTIONS B FLORIDA DEPARTMENT Sandra B. Morth Secretary of Sta	OF STATE am	APPHOVED AND FILLED		
REINSTATEMENT	DIVISION OF CORPORAT		98 DEC 31 PH 2: LO		
	0061074				
1. Corporation Name ERIC'S DOWNTOWN GRILLE, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	,				
Principal Place of Business	Mailing Address		Nik laten ikifk angle matil kehit angla atami tini anglas k	anıl alar indi	
HO N. FRANKLIN ST HO N. FRANKLIN ST TAMPA FL 33602 - TAMPA FL 33602 -					
		REIN	ISTATEMENT C	NG .	
If above addresses are incorrect in any way, line the New Principal Office Address, If Applicable	3. New Mailing Office Address, If App	licable 4. Date incor	porated or Qualified iness in Florida	V	
4009 LEONA STREET uite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 2600	5. FEI Numb	08/26/1993	soplied For	
TAMPA CL 33629	City & State	3/ 07	E0.2400040	lot Applicable	
ip Country US	Zip Country		TE OF STATUS DESIRED To S8.75 Addition		
Names and Street Addresses of Each Officer and Name of Officers		s must list at least 3 directors) Address of Each			
Title(s) 2	3 (Do NOT Use Po	and/or Director ast Office Box Numbers)	City / State / Zlp		
PSTD WEINSTEIN, ERIC 110-N-FRANKL		7	TAMPA FL 33602		
	4009 LE	ONA STREET	TAMOR EL DALLA	<u>a</u>	
· · · · · · · · · · · · · · · · · · ·			TAMPA, FL. 3362	-7	
		2	-01/11/9901005-	-016	
			****750.00 ****	750.00	
8. Name and Address of Current	t Registered Agent	9. Name and	Address of New Registered Agent		
Name Day			WEINSTEIN	(808)	
M ohip, Aminie Esq. 20 1 n. Franklin s t.		Street Address (P.O. Box Number is Not Acceptable)		0485	
_SLITE 2600 ~ T AMPA FL 33602			600		
		TAMPA		602	
0. I, being appointed the registered agent of the ab		RED	- 1- alad		
	EGISTERED AGENT MUST SIGN		Date 12/29/18	AA	
Registered Agent	سممنأ فسمسينه المطلا الأمس مم	· · · · · · · · · · · · · · · · · · ·	(See other side for inform on intartible tax.)	ation V	
Registered Agent			- At I		
11. This corporation owes or h	rty tax due June 30. elver or trustee empowered to execute this solution has been eliminated, the corporate mames of individuals listed on this form de	name satisfies the requirement o not qualify for an exemption ur	apter 607 or 617, F.S. I further certify that s of section 607.0401 or 617.0401, F.S., th	at all fees	