

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080640

1. Corporation Name

LARAE RESTAURANT CORP.

Principal Place of Business

12500 TAMIAMI TR  
NORTH PORT FL 34287

Mailing Address

2106 COUVER DR.  
SARASOTA FL 34231

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1993

5. FEI Number

65-0449486

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. Name(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	SAS, JOHN S	2106 COUVER DR	SARASOTA FL 34231
D	SAS, LARAE M	2106 COUVER DR	SARASOTA FL 34231

REINSTATEMENT

8. Name and Address of Current Registered Agent

SAS, JOHN S  
12500 TAMIAMI TRAIL  
NORTH PORT FL 34287

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Larae M. Sas*  
REGISTERED AGENT MUST SIGN

Date

10-13-03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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

Date

Daytime Phone #

10-13-03-941-727  
02/3

CR2E040 (7/03)

P 93000080640

Dear Dept. of State.

I do the book work for LaRae's Restaurant Corp. I admit that I'm not too good at it but I don't recall getting any Corp. bills. I called your offices today, 10-13-03, and talked it over with a really nice guy. He told me to write this letter and ask to please waive the late fees and send you \$150.00.

So ~~for~~ I thanked him profusely and now I'm thanking you. Please help me complete this matter so my husband doesn't kill me. (Figuratively speaking!)

Thanks,

LaRae Sas  
2106 Conner Dr  
Sarasota FL 34231