

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 15 PM 4:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000085118

**1. Corporation Name**

Smith Brothers Lounge Corporation II

**2. Principal Office Address**

381 W Prospect Road

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

US

**3. Mailing Office Address**

8424 Shadow Court

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

US

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

650460047

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

01-02

**7. Name and Address of Current Registered Agent**

Name

Buto, Lawrence J.

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

3700 Coconut Creek Parkway

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33066

**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

REGISTERED AGENT MUST SIGN

Date 1/14/02

**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
PD	Lawrence Buto II	8424 Shadow Court	Coral Springs, FL

**10. 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

Lawrence J. Buto III, President

1/14/02

Date

Daytime Phone #

(954) 345-7550

CR2E081 (9/01)