

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 23 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087974**

1. Corporation Name

ELWOOD'S DIXIE BAR-B-QUE, INC.

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

301 E ATLANTIC AVE 13 DIXIE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

301 E ATLANTIC AVE 13 DIXIE BLVD

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

Country

US

City & State

DELRAY BEACH FL

Zip

Country

US

200144158792

02/23/09--01005--004 **1050.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12.30.93

5. FEI Number

650464931

☐ 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

MICHAEL GODCHENOUR

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

13 DIXIE BLVD

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **2.18.09**

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
PRESIDENT	MICHAEL GODCHENOUR	13 DIXIE BLVD	DELRAY BEACH, FL 33444

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 contained in Chapter 119, 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

2.18.09 **561.860.5998**

Date

Daytime Phone #

(561.860.5998)