

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049858

**1. Corporation Name**

Ark Islamorada Corp.

200024962202  
11/24/03--01026--024 \*\*8.75

200024962202  
11/24/03--01026--023 \*\*1050.00

**2. Principal Office Address**

96 Madeina Road

Suite, Apt. #, etc.

City & State

Islamorada, Florida

Zip

33036

Country

U.S.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

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

7/6/1994

**5. FEI Number**

65-0502813

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code  
32301-2607

**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

*Deborah D. Skipper*

Deborah D. Skipper  
Asst. V. Pres.

Date

11/3/03

REGISTERED AGENT MUST SIGN

**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

SEE ATTACHMENT A

REINSTATEMENT

01-08

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**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

10/29/03

(212)206-8800

Date

Daytime Phone #

CR2001 (10/02)

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**FLORIDA DEPARTMENT OF STATE**  
**SECRETARY OF STATE, DIVISION OF CORPORATIONS**  
**CORPORATION REINSTATEMENT**  
**ATTACHMENT A**  
**ARK ISLAMORADA CORP.**

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

<u>Titles</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City/State/Zip</u>
D	Michael Weinstein	c/o Ark Restaurants Corp. 85 Fifth Avenue, 14 <sup>th</sup> Fl.	New York, NY 10003
D	Robert Towers	c/o Ark Restaurants Corp. 85 Fifth Avenue, 14 <sup>th</sup> Fl.	New York, NY 10003
P	Michael Weinstein	c/o Ark Restaurants Corp. 85 Fifth Avenue, 14 <sup>th</sup> Fl.	New York, NY 10003
EVP/T/S	Robert Towers	c/o Ark Restaurants Corp. 85 Fifth Avenue, 14 <sup>th</sup> Fl.	New York, NY 10003