## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT   | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | 10 FEB     AM 9: 49   |
|---|---|---|
| DOCUMENT #p95000066213  1. Corporation Name   |   | Segmenaroup statt<br>Fallanassee, florida   |
| Robert's seafood & HOTTOGO  |   |   |
| Kitchen, Inc. W1-3682   |   |   |
| 2. Principal Office Address - No P.O. Box #   | 3. Mailing Office Address  Same as                                      | 800166944838<br>01/22/1001029011 **450.00<br>REINSTATEMENT"***08- 10                        |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   | 4. Date Incorporated or Qualified   |
| City & State  | City & State  | To Do Business in Florida   |
| Jacksonville, FLA.  |   | 5. FEI Number Applied For Not Applicable  |
| 32277 USA   | Zip Country   | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status  |
| 7. Name and Address of Current Registered Agent   |   |   |
| Robert R. Talebli   |   | The reinstatement fee is imposed, except in   |
| Street Aridress (P.O. Box Number is Not Acceptable)   |   | circumstances which the entity did not receive the prior notices. By checking this box, you |
| GSG7 Whispering Oaks Dr. N<br>Suite, Apt. #, Etc.   |   | are certifying the prior notices were not received and requesting the reinstatement         |
|   |   | fee be waived.  |
| State Sip Code 7 5 State State Sip Code 7 5 State SIZZ77  |   |   |
| 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  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |   |   |
| Titles Officers and/or Directors  | Street Address of Eac<br>Officer and/or Directo                         | h City/State/7in  |
| Pres Robert R. Ialebi oaks Dr. N. 32277   |   |   |
|   |   |   |
|   |   |   |
| REINSTATEMENT   |   |   |
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|   |   |   |
| 10. E-mail Address: // talebile MSD COM (To be used for future annual report notification)  |   |   |
| 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. I further certify, 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: |   |   |