

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DOCUMENT # P95000067944

1. Corporation Name

Derrick's -Bar-B-Que Inc.

2. Principal Office Address

894 SW Main Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

894 SW Main Blvd

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32055

Country

USA

Zip

32055

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/28/1995

5. FEI Number

593330746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100029591941
03/01/04--01042--016 **1058.75

7. Name and Address of Current Registered Agent

Name
Derrick Blaine Bannister

Street Address (P.O. Box Number is Not Acceptable)
894 SW Main Blvd

Suite, Apt. #, Etc.

City
Lake City

State
FL

Zip Code
32055

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 02/23/2004

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
P	Derrick Bannister	894 SW Main Blvd	Lake City, FL 32055
S	Wendy Bannister	894 SW Main Blvd	Lake City, FL 32055

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] DERRICK B BANNISTER

02/23/2004

(386)754-5907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)