

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

P95000093756

1. Corporation Name

Downunder Steak & Seafood, Inc.
c/o 1073 Hillsboro Mile
Kingsley Arms 4 South
Hillsboro Beach, FL 33062

2. Principal Office Address

c/o 1073 Hillsboro Mile

Suite, Apt. #, etc.

Kingsley Arms 4 South

City & State

Hillsboro Beach, FL

Zip

33062

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-00

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

12-11-95

5. FEI Number

65-0640439

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

Marlin F. Torguson

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

1073 Hillsboro Mile

Suite, Apt. #, Etc.

Kingsley Arms 4 South

City

Hillsboro Beach

State

FL

Zip Code

33062

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 10-30-2000

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
	Marlin F. Torguson	1073 Hillsboro Mile Kingsley Arms 4 South	Hillsboro Beach, FL 33062

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

Marlin F. Torguson
President

Date

10/30/2000

Daytime Phone #

CR2E081 (9/99)