

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p96000001471

1. Corporation Name

Spoon's Grill, Inc

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

3987 N.W 19TH STREET

Suite, Apt. #, etc.

City & State

LAUERDALE LAKE

Zip

33313

Country

BROWARD

3. Mailing Office Address

3987 N.W 19 TH STREET

Suite, Apt. #, etc.

City & State

LAUERDALE LAKE

Zip

33313

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

ALBERT WITHERSPOON

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

610 NW 35 AVE

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33312

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

Albert Witherspoon
REGISTERED AGENT MUST SIGN

Date **APRIL 17 2009**

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
OWER	DWIGHT WITHERSPOON	4490 NW 64TH TERR	LAUDERHILL FL. 33319
OWER	LINDA WITHERSPOON	4490 NW 64 TH TERR	LAUDERHILL FL.33319

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:

Dwight Witherspoon

DWIGHT WITHERSPOON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-09

Date

954 254-5204

Daytime Phone #

FILED

09 APR 20 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700151474197
04/21/09--01022--024 **458.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 1996

5. FEI Number
650632070

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.