- PLEASE READ	ALL INSTRUC	CTIONS BEFORE C	COMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT	GOUP DE LA CONTRACTION DE LA C	ENT OF STATE THE PROPERTY OF STATE TO FOR PORATIONS	FILED	
DOCUMENT # P9600011691			98 DEC 22 PM 6: 42	
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
BLK BAR B-Q, INC.		MELAMASSEE. FLORIDA		
Principal Place of Business	Mailing Address		-	
1036-2 DUNN AVE  JACKSONVILLE FL 32218  US  1036-2 DUNN AVE  JACKSONVILLE FL 32218  US		218		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, if Applicable   3. New Mailing Office Address, if Applicable			Date Incorporated or Qualified	<del></del> 1
1036 Dunn Ave 1036 Suite, Apt. #, etc. Suite, Apt. #, e		nu Ave	To Do Business in Florida 02/07/1996	
City & State City & State			5. FEI Number Applied Fo S9-3363636 Not Applie	
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee refor a Certificate of St.	
7. Names and Street Addresses of Each Officer and/	or Director (Florida non	<del></del>	ast 3 directors)	
Title(s) Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box No	r City / State / Zip	
D MANDELL, BRIAN 18		856 LAKOTNA DRIVE ORANGE PARK FL 32073		
			600002725386—7 -12/29/9801077024 ****150.00 ****150.00	K
8. Name and Address of Current F	Registered Agent	Name	9. Name and Address of New Registered Agent	
ORERDOREER E CHARLES			P.O. Box Number is Not Acceptable)	CR2E040 (9/98)
1719 BLANDING BOULEVARD JACKSONVILLE FL 32210	<del></del>	Suite, Apt. #, Etc.	· · ·	
		City	State Zip Code	
10. I, being appointed the registered agent of the abo	ve refined corporation, a	am familiar with and accept the ob	bligations of Section 607.0505, F.S.	
Signature of Registered Agent RE	GISTERED AGENT MU	JET SIGN	Date	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No No (See other side for information on intangible tax.)				
12. 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: JUNE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #				

## Bono's Pit Bar-B-Q 1036-2 Dunn Avenue Jacksonville, Florida 32218 696-6968

December 18,1998

To: Sean Logan From: Brian Mandell

Subject: Corporation Dissolution

As we discussed on the phone yesterday, I spoke with a woman last month and explained to her that I never received the notice of payment. The first notice I received was the attached form. She told me to write that in a note and pay the \$150.00. I did so but it evidently got misplaced in your mail room. When I spoke to you yesterday you told me to do the same. Please consider this note as explanation that I never received the notice to pay the annual fee. I have noted my calendar for next year so that I will not again be late.

Thanks for your help.

Brian Mandell