

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
98 OCT 23 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # P96000020271**  
**PALM BEACH BEEF & ALE GARDEN CORP.**  
7405 St. Andrews Road  
Lake Worth, Florida 33467

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

700002674197--8

Zip Code

10/20/98 01041 094  
\*\*\*\*750.00 \*\*\*\*750.00

3. Date Incorporated or Qualified  
To Do Business In Florida  
March 5, 1996

4. FEI Number  
65-0646636

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required**  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

**6. Names and Street Addresses of Each Officer and/or Director**

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	CHRISTOPHER J. ORI	7405 St. Andrews Road	Lake Worth, Florida 33467
S/T/D	DANA ORI	SAME AS ABOVE	SAME AS ABOVE

**REINSTATEMENT** 98

10/23

**REGISTERED AGENT INFORMATION**

**8. Name and Address of New Registered Agent and/or Office**

**7. Name and Address of Current Registered Agent**

Name  
**CHRISTOPHER J. ORI**  
Street Address (Do NOT Use P.O. Box Number)  
**7405 St. Andrews Road**  
Street Address (Do NOT Use P.O. Box Number)  
City and State  
**Lake Worth FL.** Zip  
**33467**

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**CHRISTOPHER J. ORI** REGISTERED AGENT MUST SIGN

Date **10/22/98**

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director

Date **10/22/98**

Daytime Phone # **561-655-5625**

Typed or printed name of signing officer or director **CHRISTOPHER J. ORI**