

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

00 OCT 11 AM 8:33

DOCUMENT # P-96000066790

1. Corporation Name

BUBBA'S BAR B Q OWENS, INC.

W-24030

2. Principal Office Address

108 N. Kere Ave

3. Mailing Office Address

P.O. Box 12008

Suite, Apt. #, etc.

G-1

Suite, Apt. #, etc.

City & State

Wilmington, N.C.

City & State

Wilmington, N.C.

Zip

28405

Country

Zip

28405

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

6/25/96

5. FEI Number

561996566

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

~~Larry Walter~~ Tracy R. Harmon

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

200 A John Knox Rd.

600003434216-6

Suite, Apt. #, Etc.

10/23/00 01001-028

\*\*\*\*908-75 \*\*\*\*908-75

City

Tallahassee, Fla. 32303-6643

State  
FL

Zip Code

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

Tracy R. Harmon, AS.  
REGISTERED AGENT MUST SIGN

Date

9/26/00

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
Pres.	Robert O. Winstead	3518 Kirby Smith Dr.	Wilmington, N.C. - 28409
VP	Brian M. Winstead	3518 Kirby Smith Dr.	Wilmington, N.C. 28409
Secy	Carolyn S. Winstead	3518 Kirby Smith Dr.	Wilmington, N.C. 28409

AD

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

Robert O. Winstead  
Robert O. Winstead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/00

Date

910-397-9350

Daytime Phone #