

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -3 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 00-03

DOCUMENT # P96000074364

1. Corporation Name

SOUTHFORK RESTAURANTS, INC.

2. Principal Office Address

7511 Weeping Willow Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34241

Country

US

3. Mailing Office Address

7511 Weeping Willow Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34241

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1996

5. FEI Number

650701427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles J. Bartlett, Esquire

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

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 5/30/03

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
D/P/T	DENIS LANOUE	7411 Weeping Willow Drive	Sarasota, FL 34241
S	LYNN LANOUE	7411 Weeping Willow Drive	Sarasota, FL 34241

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:

LYNN LANOUE, Secretary 5/30/03 (941) 366-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (10/02)