

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 27 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9700060243

1. Corporation Name

Charlie's Barbeque, Inc.

2. Principal Office Address

3421 N. LAKEVIEW DR.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33618

Country

3. Mailing Office Address

3421 N. LAKEVIEW DR.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33618

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11.24.97

5. FEI Number

59-13536598

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

DAVID WU

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

3421 N. LAKEVIEW DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33618

100004217491-1

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\*\*\*1050.00 \*\*\*1050.00

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

Date

REGISTERED AGENT MUST SIGN

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

P

KIM HUYNH

14131 PENNSYLVANIA DR.

TAMPA FL 33624

REINSTATEMENT 99-01 1178

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:

Kim Huynh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

813.265.8955

Daytime Phone #

CR2E081 (9/00)