

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 APR -2 AM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000040397**

1. Corporation Name

Aurora Restaurant Corporation

2. Principal Office Address

810 Forestwood Drive

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

3. Mailing Office Address

810 Forestwood Drive

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

700018567837
05/08/03--01065--001 **1200.00

REINSTATEMENT 00-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 5, 1998

5. FEI Number

59-3519723

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

James C. West

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

810 Forestwood Drive

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

James C. West

REGISTERED AGENT MUST SIGN

Date

3-31-03

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
Pres.	Susan C. West	810 Forestwood Drive	Clermont, FL 34711
V-Pres.			
Treas.	James C. West	810 Forestwood Drive	Clermont, FL 34711

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. West

Date

Daytime Phone #

3-31-03

CR2E081 (9/00)