

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 PM 6:57

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Bobalou's BBQ INC.

2. Principal Office Address

3441 Hwy 27/441

Suite, Apt. #, etc.

3. Mailing Office Address

3441 Hwy 27/441

Suite, Apt. #, etc.

City & State

Fruitland Park, FL

Zip

34731

Country

Lake

City & State

Fruitland Park, FL

Zip

34731

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 1998

5. FEI Number

59-3536503

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

Robert & Mary Lou TORRENCE

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

3439 Hwy 27/441

Suite, Apt. #, Etc.

City

Fruitland Park

State

FL

Zip Code

34731

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

Mary Lou Torrence

REGISTERED AGENT MUST SIGN

Date

11-6-00

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 Torrence	3439 Hwy 27/441	Fruitland PK FL 34731
Vice Pres	MARY Lou Torrence	3439 Hwy 27/441	Fruitland PK FL 34731

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:

Mary Lou Torrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-00

Daytime Phone #

352-315-0068

CR2E081 (9/99)