PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P99000005067 DOCUMENT

1. Corporation Name

ROD'S BAR-B-Q & GRILL, INC.

Principal Place of Business

1212 66TH STREET NORTH SAINT PETERSBURG FL 33710-6226 1212 66TH STREET NORTH

Mailing Address

SAINT PETERSBURG FL 33710-6226

FILED

03 MAR - 7 PM 1:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.					種間に 337人	asy Country transfer		
New Principal Office Address, If Applicable 3. New Mail				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/19/1999		
Suite, Apt.	·	Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number 65-088809		Applied For	
Zip	Country	Zip		Country	6.	OF STATUS DESIRED	Not Applicable \$8.75 Additional Fee required	
					CENTIFICATE	OF STATOS DESIRED L	for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)	ī		
Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip				
PSTD	MATHEWS, RODERICK W		2605 Canterbury Lane		LARGO FL 33771_ Largo, FL 33770			
					1,			
			900013629479 03/06/0301053006 **900.00					
PAY								
	8. Name and Address of Curren	t Registered Age	ent ·	1	9 Name and 4	Address of New Register	ed Agent	
MATHEWS PONEDICK W							ou Agont	
301 BELCHER RD N APT 2904 LARGO FL 33771				Street Address (P.O. Box Number is Not Acceptable) 2605 - Canterbury Lanc				
				Suite, Apt. #, Etc.				
				CityLargo	•	S	Tate Zip Code 33770	
10. I, being	g appointed the registered agent of the al	oove named corpo	oration, am fa	amiliar with and accept the c	bligations of Section	on 607.0505, F.S. or 617.	0505, F.S.	
Signature o	i sidua	THE VERIE	: Jule	HURED		2-4-	Λ >	

11. 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.