PLEASE READ ALL INSTRUCTIONS BEFORE COMPI FTING THIS FORM

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P99000067721 1. Corporation Name Bar & Restaurant Management Company 2. Principal Office Address - No P.O. Box # J. Mainry Office Address 5 (Calle Dos 1475 Winton Road 5):1978—101066—015 Ws1200.00 CREERS 178 Ws1200.							0.10 0.		-	WO LUG TO TO	! •
DOCUMENT # P99000067721 1. Corporation Name 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 05/19/08 - 01/066 - 015 **1200.00 05/19/08 - 01/066 05/19/08 - 05/19/08 - 01/066 05/19/08 - 05/19	CORPORATION CANALANT				Secretary of State						
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principa	al Office Addr	ess - No	P.O. Box #	1	Office Address			05/19	9/080100601	5 **1200.00
City & State Key West, F! Mt. Pleasant, SC Country Zip Country To Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6 Calle Dos Suite, Apt. #, Etc. City Key West State Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Agent Addresses of Each Officer and/or Directors City Key West State Registered Agent Registered Registered Agent Registered Registered Registered Regi	6 Calle	Dos			1475 Winto	inton Road				CR2E081 (12/	07)
City & State Key West, F! Mt. Pleasant, SC Tountry 33040 US Country 29464 US Greatificate of status desired Greatificate of status The reinstatement fee is imposed, except in circumstances which the entity did not receive integrity of called Dos Suite, Apt. #, Etc. City Key West File 33040 State Against and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent Against Addresses of Each Officer and/or Directors File Officers and/or Directors Greatify 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 centify that when filing 1 Applied for Space (Space) Surface (Space	Suite, Apt.	#, etc.		<u>.</u>	Suite, Apt. #, etc	f, etc.			4. Date Incom	porated or Qualified	
Key West, FI Mt. Pleasant, SC Zip Z9464 Country Z9464 To Name and Address of Current Registered Agent To Calle Dos Suite, Apt. #, Etc. City Key West To Date To Date May 10, 2008 To Date To Date Address of Current Registered Agent To Date Address of Current Registered Agent To Per instatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not receive and requesting the reinstatement fee be waived. To Date May 10, 2008 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer's artifor Directors Titles Officer's artifor Directors To Date May 10, 2008 Key West, FI 33040 DVP Jeff Gunther 17074 Kingfish Lane West Sugarloaf, FI 33042 DVP Mary M Reed 6 Calle Dos Key West, FI 33040 To Date FI 33042 To Date FI	City & State	e		.	City & State				To Do Bus	iness in Florida 07/26	/1999
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33040 US 29464 US CERTIFICATE OF STATUS DESIRED 33.75 Additional For require for a Centrificate of Status 7. Name and Address of Current Registered Agent Name Name With Not Acceptable	-					Country			0	Not Applicable	
Name James W Reed Street Address (P.O. Box Number is Not Acceptable) 6 Calle Dos Suite, Apt. #, Etc. City Key West State FL 33040 Signature of Registered Agent Name of Officers and/or Directors Py James W Reed 6 Calle Dos Street Address of Each Officer and/or Director (Fonda nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officers and/or Directors FC Calle Dos Kerry D Gunther Total Agent Total Agent Recistered Agent Total Agent Recistered Agent Recistered Agent Name of Officer and/or Directors Officer and/or Directors For Calle Dos Kerry D Gunther Total Agent Recistered Agent Recistered Agent Total Agent Recistered Agent Reciste							CERTIFICATE OF STATUS DESIDED				
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Street Address (P.O. Box Number is Not Acceptable) 6 Calle Dos Suite, Apt. #, Etc. City Key West 6. I. Jeeing 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Directors Date Key West, FI 33040 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									☐The re	einstatement fee is in	nnosed except in
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owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.

SIG		

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10 20 321-217-4075