

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 MAY 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067721

1. Corporation Name

Bar & Restaurant Management Company

2. Principal Office Address - No P.O. Box #

6 Calle Dos

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

US

3. Mailing Office Address

1475 Winton Road

Suite, Apt. #, etc.

City & State

Mt. Pleasant, SC

Zip

29464

Country

US

700129775787
05/19/08--01006--015 **1200.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1999

5. FEI Number

593600710

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 W Reed

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

6 Calle Dos

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☐ The reinstatement 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
received and requesting the reinstatement
fee be waived.

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 W Reed
REGISTERED AGENT MUST SIGN

Date May 10, 2008

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
DP	James W Reed	6 Calle Dos	Key West, FL 33040
DVP	Jeff Gunther	17074 Kingfish Lane West	Sugarloaf, FL 33042
DST	Kerry D Gunther	17074 Kingfish Lane West	Sugarloaf, FL 33042
DVP	Mary M Reed	6 Calle Dos	Key West, FL 33040

REINSTATEMENT
05-08

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 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.

SIGNATURE:

James W Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10 2008 321-217-4075

Date

Daytime Phone #