

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P99000081097**

1. Corporation Name

**LBJ HOT DOG EMPORIUM, INC.**

FILED

01 OCT 23 AM 7:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1750 NE 183RD STREET  
 APT 1802-T  
 AVENTURA FL 33160

1750 NE 183RD STREET  
 APT 1802-T  
 AVENTURA FL 33160



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~2750 NE 183rd # 1802~~  
 AVENTURA, FLA

~~2750 NE 30th AVE # 1802~~  
 AVENTURA, FLA

5. FEI Number

65-2351223

Applied For

Not Applicable

Zip Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BROWN, LOUISE	2750 NE 183RD STREET 1802T	AVENTURA FL 33160
D	ROSS, JACK	20381 NE 30TH AVE # 308	AVENTURA FL 33180

900004717529--5  
 -12/10/01--01110--024  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, LOUISE  
 2750 NE 183RD STREET  
 APT 1802-T  
 AVENTURA FL 33160

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Louise Brown*

Date

10-19-01

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack Ross*

Date

Daytime Phone #

Oct 19, 2001

*MW*

CR2E040 (8/01)