

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 22 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47389

1. Corporation Name

BOWL LE RESTAURANT INC

2. Principal Office Address

18900 SW 114 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33157

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1991

5. FFL Number

65-0256422

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
MARY LAI

Street Address (P.O. Box Number is Not Acceptable)
9006 SW 213TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33189

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 Lai

REGISTERED AGENT MUST SIGN

Date

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
P	MARY LAI	9006 SW 213TH STREET	MIAMI FLORIDA 33189
T	ERROL LAI	9006 SW 213TH STREET	MIAMI FLORIDA 33189

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09/27/05--01048--002 **1500.00

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:

Mary Lai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #