

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 20 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S47389

1. Corporation Name

BOWL LE Restaurant, inc.

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

18900 SW 114th AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

US

3. Mailing Office Address

18900 SW 114th AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

US

700181142917
05/20/10--01028--014 **450.00

REINSTATEMENT 08-10
CR2001 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/1991

5. FEI Number

650256422

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 213 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33189

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

MARY LAI

REGISTERED AGENT MUST SIGN

Date 5/19/10

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 213 St	Miami, FL, 33189
T	Melissa Lai	9006 SW 213 St	Miami, FL, 33189

10. E-mail Address: Melissa.m.lai@gmail.com

(To be used for future annual report notification)

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. I further certify 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

5/19/10

Date

(86) 376-7604

Daytime Phone #

5/26