

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 26 PM 3:49

DOCUMENT #

V32224

1. Corporation Name

STEAK ON THE RUN, INC.

2. Principal Office Address

351 N.W. 42 Ave. #203

3. Mailing Office Address

P.O. Box 330044

Suite, Apt. #, etc.  
Suite 203

Suite, Apt. #, etc.

City & State

Miami, Fl. 33126

City & State

Coconut Grove, Fl. 33233

Zip  
33126

Country  
USA

Zip  
33233

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/23/92

5. FEI Number

65-0331889

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

Hamid Bolooki

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

351 N.W. 42 Avenue

Suite, Apt. #, Etc.

Suite 203

City

Miami

State  
FL

Zip Code  
33126

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

*Hamid Bolooki*

REGISTERED AGENT MUST SIGN

Date 5/24/00

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	Hamid Bolooki	351 N.W. 42 Ave. #203	Miami, Fl. 33126
			AD

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 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:

*Hamid Bolooki*, HAMID BOLOOKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00

Date

(305) 643-5040

Daytime Phone #

CR2E081 (9/99)