

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -4 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J22065

1. Corporation Name

Jacksonville Market Place Restaurants, Inc.

2. Principal Office Address

614 Pecan Park Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32218

Zip

32218

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

2/85

5. FEI Number

59-2579722

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

01/12/01 90012 081 78ad

7. Name and Address of Current Registered Agent

Name

A.M. Cupolo

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

410 N. Halifax Avenue Suite

Suite, Apt. #, Etc.

Suite D

City

Jacksonville

State

FL

Zip Code

32218

888884813548-7
-04/17/01-01077-003
****150.00 ****150.00

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

A.M. Cupolo

REGISTERED AGENT MUST SIGN

Date 3/19/01

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/D	Frazer Tremblay	614 Pecan Park Rd.	Jacksonville, FL 32218
-			

REINSTATEMENT 00-01 TO

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:

Frazer Tremblay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

904-751-6770

Daytime Phone #

CR2E081 (9/00)