

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/02/02--01003--014
***1350.00 ***1350.00

98-02

DOCUMENT # K21572

1. Corporation Name

F.J. O'Donnell's Restaurant Inc

2. Principal Office Address

519 Clematis St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33401

Country

Palm Beach

Zip

33401

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65 0060436

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

Raymond Carbone

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

519 Clematis St

Suite, Apt. #, Etc.

City

W PB

State

FL

Zip Code

33401

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9.16.02

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	FJ O'Donnell's	519 Clematis St	W PB FL 33401
VP	Carl Handley	n n	n n
D	Raymond Carbone	n n	n n

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:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.16.02

Date

560236
6562

Daytime Phone #

CR2E081 (9/01)