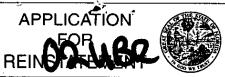
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

R.J. GATORS FRANCHISE SYSTEMS, INC.

Principal Place of Business

C/O REGINALD L. TIMOTEO 609 N HEPBURN AVE #103

JUPITER FL 33458

Mailing Address

C/O REGINALD L. TIMOTEO 609 N HEPBURN AVE #103 JUPITER FL 33458

FILED

02 NOV -4 PM 1:38

SEGNETANT OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
New Principal Office Address, If Applicable 3. New Mai			alling Office Address, If Applicable		4. Date Incom	porated or Qualified		
					To Do Business in Florida 06/05/1990			
Suite, Apt. #, etc. Suite,			uite, Apt. #, etc.			00/00/1000		
					5. FEI Number Applied For		Applied For	
City & State	e	City & State				65-0259947	Not Applicable	
					6.			
Zip .	Country	Zip	Coun	try	1	E OF STATUS DESIRED 🔲 🔀	1.75 Additional Fee required for a Certificate of Status	
,						2 0, 0111100 02011120	for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpo	rations must list at le	ast 3 directors)			
	Name of Officers		Street Address of Each					
Title(s)	and/or Directors		Officer and for Director			City / State / Zip		
1 -			3		· ·	4		
P	TIMOTEO, REGINALD L.		609 N HEPBURN AVE #103			JUPITER FL		
			1					
	240770 4470451							
ע	D TIMOTEO, MITCHELL		609 N HEPBURN AVE #103			JUPITER FL		
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			M.	11112				
				, ,		ļ		
	8. Name and Address of Curren	t Registered Age	ent 🐧	9. Name and Address of New Registered Agent				
				Name				
TIMOTEO, REGINALD L.								
609 N HEPBURN AVE #103				Street Address (P.O. Box Number		is Not Acceptable)		
JUPITER FL 33458								
JUPITER PL 33430				Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
				Cit				
				City		State	Zip Code	
-						<u>  FL</u>		
10. I, being	appointed the registered agent of the ab	ove named corpo	oration, am familiar w	rith and accept the ol	bligations of Secti	on 607.0505, F.S. or 617.050	5, F.S.	
			_					
		_ 0						
Signature of							/	
Registered	Agent			NRED		Date 10/3//0	02	
		EGISTERED AG	ENT MUST SIGN					
11. I certify	that I am an officer or director or the rece	eiver or trustee en	npowered to execute	this application as p	rovided for in cha	pter 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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10/31/02



October 31, 2002

Department of State-Division of Corporations Annual Report/Reinstatement Section 409 East Gaines St. Tallahassee, FL 32399

Re: Application for Reinstatement Doc# L78706 – R.J.Gator's Franchise Systems, Inc.

To Whom It May Concern:

Enclosed is the completed application and fee for reinstatement. We did not receive the two previously sent (UBR) Uniform Business Report notices. If these previous notices were sent they must have been sent to an incorrect address or, recipient. We have no record in our office of ever receiving documents prior to the enclosed forms.

If there are any problems in reinstatement, please contact our office at (561)-748-6731.

Thank you for your cooperation and immediate attention to this matter.

Reginald Timoteo CEO

email: mail@rigatore of