

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 23 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000004799

1. Corporation Name

GRATEFUL J'S TOO INC.

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

2401 N FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33431

Country

USA

3. Mailing Office Address

C/O BLAKESBERG & CO CPAS
951 SW 4TH AVE

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33432

Country

USA

REINSTATEMENT

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

2-1-00

5. FEI Number

65-0989259

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

JAY WORK

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

2401 N FEDERAL HWY

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33431

☒ The 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

Jay Work

REGISTERED AGENT MUST SIGN

Date 8-20-07

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	JAY WORK	5262 NW 94TH LANE	CORAL SPRINGS, FL 33067

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 contained in Chapter 119, 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:

Jay Work
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-07

Date

561-750-8300

Daytime Phone #

G. Michael

AUG 23 2007