

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT

FLOIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



OWNER

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 19 PM 4:38

DOCUMENT # P0000013628

1. Corporation Name
V J'S DINER, INC.

Principal Place of Business: 870-41 SAXON BLVD. ORANGE CITY FL 32763
 Mailing Address: 870-41 SAXON BLVD. ORANGE CITY FL 32763

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/08/2000

5. FEI Number: 59-36373415
 Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	DUA, VIJAY	870-41 SAXON BLVD.	ORANGE CITY FL 32763

600004745076-6
 -12/31/01--01064--007
 ****150.00 ****150.00

10/12/01

8. Name and Address of Current Registered Agent

DUA, VIJAY
 870-41 SAXON BLVD.
 ORANGE CITY, FL 32763

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 10/12/01

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/12/01 Daytime Phone #: 904-785-2340

CR2E040 (8/01)

Please Do Not Remove -

2-

VJ'S DINER INC
870-411 SAXON BLVD
ORANGE CITY FL 32763

THE SECRETARY OF STATE,
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS.

DEAR SIR/MADAM,

AS PER TALK ON THE PHONE

I EXPLAIN TO YOU THAT I NEVER GOT THE
NOTICE TO RENEW MY CORPORATION.

THAN I HAVE BEEN SAID ON PHONE THAT
I CAN SEND THE CHECK FOR \$150⁰⁰
TO RENEW MY CORPORATION. SO I AM
SENDING THE CHECK FOR \$150.
PLEASE REINSTATE MY CORPORATION.

THANKING YOU
SINCERELY YOUR'S

VISAY DVA
PRESIDENT.

