

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 20 PM 12:27

DOCUMENT # P00000036234

1. Corporation Name

JOANIE'S BLUE CRAB CAFE, INC.

**REINSTATEMENT** 01-06

CR2E081 (12/05)

2. Principal Office Address

PO BOX 383

3. Mailing Office Address

PO BOX 383

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EVERGLADES CITY FL

City & State

EVERGLADES CITY FL

Zip

34139

Country

USA

Zip

34139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/2000

5. FEI Number

65-1100647

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

CATHERINE M FOSTH

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

501 GOODLETTE RD N

Suite, Apt. #, Etc.

D-304

City

NAPLES

State

FL

Zip Code

34102

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

Date 3-15-06

REGISTERED AGENT MUST SIGN

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	JOAN M GRIFFIN	39395 TAMiami TR E	OCHOPEE FL 34141

600069056856  
03/30/06--01051--006 \*\*1500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06

Date

695-4271

Daytime Phone #