

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

04 SEP 27 PM 4:51

DOCUMENT # P00000042464

1. Corporation Name

D.R.F. RESTAURANT, INC.

2. Principal Office Address

950 N. COLLIER BLVD

Suite, Apt. #, etc.

SUITE 01

City & State

MARCO ISLAND, FL

Zip

34145

Country

U.S.

3. Mailing Office Address

1774 HUMMINGBIRD CT.

Suite, Apt. #, etc.

P

City & State

MARCO ISLAND, FL

Zip

34145

Country

U.S.

REINSTATEMENT 02-04

4. Date Incorporated or Qualified

To Do Business in Florida 4/27/2000

5. FEI Number

593650091

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

THOMAS FAHEY

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

1774 HUMMINGBIRD COURT

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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

*Thomas Fahey*

REGISTERED AGENT MUST SIGN

Date

9/23/04

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	DEBRA R. FAHEY	1774 HUMMINGBIRD CT.	MARCO ISLAND, FL 34145
S	THOMAS J. FAHEY	1774 HUMMINGBIRD CT.	MARCO ISLAND, FL 34145

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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:

*Thomas Fahey, Sec.* THOMAS FAHEY, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/04

Daytime Phone #

239-269-1135