

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000051699

1. Entity Name
CAPTAIN BRIEN'S SEAFOOD & ROAST BEEF RESTAURANT, INC.



Principal Place of Business
**317 N. COLLIER BLVD
MARCO ISLAND, FL 34145**

Mailing Address
**317 N. COLLIER BLVD
MARCO ISLAND, FL 34145**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

FILED
05 MAY -3 PM 5:46
SEC. OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT *04-05*

64292005 REIN-P CR2E098 (6/04)



4. FEI Number
59-3718077

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SPINA, BRIEN
415 SAN JUAN AVE
NAPLES, FL 34113**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPINA, BRIEN 415 SAN JUAN AVE NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 **239-387-6900**
Date Daytime Phone #