

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102833

1. Corporation Name

CHRISTOPHER'S DINING & BANQUETS, INC.

Principal Place of Business

1788 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address

1788 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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

10/24/2001

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MURATORE, JOSEPH	1788 SOUTHEAST PORT ST. LUCIE BL	PORT ST. LUCIE FL 34952
VD	RENKEN, SUSAN JR	1788 SOUTHEAST PORT ST. LUCIE B	PORT ST. LUCIE FL 34952
S	MURATORE, MARIANNE	1788 SOUTHEAST PORT ST. LUCIE BL	PORT ST. LUCIE FL 34952

900022968039
10/21/03--01054--011 **150.00

8. Name and Address of Current Registered Agent

MURATORE, JOSEPH
1788 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-17-03

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

Daytime Phone #

Joseph Muratore

10-17-03

CR2E040 (7/03)

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL 32314-6327

CHRISTOPHERS DINING & BANQUETS, INC.
1788 SE PORT ST LUCIE BLVD.
PT. ST. LUCIE, FL 34952

PO 1000102833 Doc-#
October 17, 2003

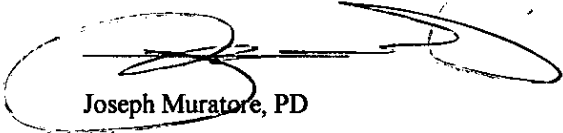
RE: REINSTATEMENT AND WAIVER OF FEES

Dear Sir or Madam:

I am writing this letter to inform your agency that I did not receive the appropriate paperwork or forms associated with filing an Annual Report. The only form received was a Notice of Administrative Dissolution or Revocation. Upon speaking with one of your agencies representatives, I was advised to submit this letter along with a check for \$150.00, which you will find attached, for Reinstatement fees.

If there is anything further needed from this company please do not hesitate to contact myself, Joseph Muratore at (772) 219-4446 or (772) 215-4258. Thank you for your assistance in regard to the above matter.

Sincerely,



Joseph Muratore, PD