


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000018622			
1. Entity Name OUTDOOR TROPICAL KITCHENS INC.			
Principal Place of Business 3601 TURTLE RUN BLVD. #513 CORAL SPRINGS, FL 33067		Mailing Address 3601 TURTLE RUN BLVD. #513 CORAL SPRINGS, FL 33067	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
07 MAY -2 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02/22/07 REINSTATEMENT 02-0675869  
Applied For  
Not Applicable

6. Name and Address of Current Registered Agent JUBENVILLE, CHARLES F 3601 TURTLE RUN BLVD. #513 CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$300.00** In accordance with s. 607.193(2)(b) F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS if 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUBENVILLE, CHARLES F 3601 TURTLE RUN BLVD. #513 CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800103238248 05/25/07--01010--008 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUBENVILLE, MYLENA 3601 TURTLE RUN BLVD #513 CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles Jubenville 05/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #