

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P0300086498**

1. Corporation Name

CHRISTINE'S JAMAICAN RESTAURANT INC

2. Principal Office Address

720 N. HASTING ST.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32808

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/03

5. FEI Number

20-0126307

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

TREVOR BAILEY

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

6839 EDGEWATER DR.

Suite, Apt. #, Etc.

E10.

City

ORLANDO, FL

State
FL

Zip Code

32810

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/27/06

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
PRES	FRANCITA THOMAS	916 GARDEN ST.	KISSIMMEE, FL 34744
SECY	FELICIA ZACKERY	1625 PEREGRINE FALCON WAY	ORLANDO, FL 32837

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-27-06

Daytime Phone #

Christine's Jamaican Restaurant Inc
720 N Hasting Street
Orlando, FL 32808

Sept 27, 2006

Department of State
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is to inform that we did not receive your renewal notice for year 2006 annual report.
For that reason the annual review was not done.

I hereby request a waiver of the late fees.

Sincerely,

A handwritten signature in black ink, appearing to read 'Francita Thomas', written over a horizontal line.

Francita Thomas
President