

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -4 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000029253

1. Corporation Name

Rippers Restaurant Inc.

2. Principal Office Address - No P.O. Box #

4207 SW Martin Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

4207 SW Martin Hwy
Suite, Apt. #, etc.

City & State

Palm city, FL

Zip

34990

Country

Martin

City & State

Palm city, FL

Zip

34990

Country

Martin

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/2004

5. FEI Number

41-2128934

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

Donna Ripper

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

5819 SW Grove ST.

Suite, Apt. #, Etc.

City

Palm city, FL

State

FL

Zip Code

34990



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Donna Ripper

REGISTERED AGENT MUST SIGN

Date 11/29/07

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	Donna Ripper	5819 SW Grove ST Palm city, FL	Palm city, FL, 34990

800112815918
12/04/07--01042--009 **450.00

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:

Donna Ripper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/07

Date

772-219-0009

Daytime Phone #