2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0400066522 1. Entity Name KJ'S TROPICAL PALM CAFE, INC.					06 1187 14 m 4: 1/7		
Principal Plac	e of Business	Mailing Address		1 2		Į.	
	4221 TAMIAMI TRAIL EAST 4221 TAMIAMI TRAIL EAST					•	
NAPLES, FL 34112 NAPLES, FL 34112					(All h).	
I							
2, Principal Place of Business 4831 TAMON Tr. E. 4831 TAMON			emi Tra				
Suite, Apt. #, etc. Suite, Apt. #, et				10132006	REINP	98 (11/06) OOG WOF	
City & Stat	Ples florida	City & State	flor	4. FEI Number 20-10016	31	Applied For Not Applicable	
341	12 Collier	^{Zip} 34112	Country	5. Certificate of S	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Ad	dress of New Registered	Agent	
OKUNIEWICZ, JACQUELINE A				Name Street Address (P.O. Box Number is Not Acceptable)			
NAPLES, I	IAMI TRAIL EAST FL 34112		31186174	Gride Address (1.0. cox rumbor is recognition)			
					FL	Zip Code	
8. The above parned 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 coligations of registered agent.							
SIGNATURE MER WELL PEUNE WAY 10/13/06							
Gnature, typed or childred name of registered agent and title if applicable. (NOTE: Registered Agent signature redDired when reinstalting) DATE							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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/CH	ANGES TO OFFICERS ANI	DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME Street address	OKUNIEWICZ, JACQUELINE A 1324 MORNINGSIDE DRIVE		NAME STREET ADDRESS	50	0008173	7545	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	11/13	000817 3 3/06010380	002 **150.00	
IIILE	D	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	OKUNIEWICZ, JOSEPH B		NAME				
STREET ADDRESS CITY-ST-ZIP	1324 MORNINGSIDE DRIVE NAPLES, FL 34103		STREET ADDRESS CITY-ST-ZIP				
TITLE	14AF ELO, 1 E 04100	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME		Li Desete	NAME			Clearing Clynonion	
STREET ADDRESS			STREET ADDRESS			j	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE			Change Addition	
NAME STREET ADDRESS			name Street adoress				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<u> </u>	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME OTREST LODGESON			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
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 of 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 cor	poration or the receiver or trustee empo , or on an attachment with an address, w	wered to execute this report as	required by Cha	pter 607, Florida Statutes; a	and that my name appears	n Block 10 or Block 11 if	
SIGNATURE / HACGULLIAN (Lynn) 10/13/0: (239)793-2644							
SHARTURE AND FIGED OR PRINTED HAME OF STURING OFFICER OR DIRECTOR Date Date Date Department of the control							