

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 12:11

DOCUMENT # p04000131346

1. Corporation Name

cj "gator"sports restaurant inc.,

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

2602n.22ave.

Suite, Apt. #, etc.

City & State

hollywood fl.

Zip

33020

Country

broward

3. Mailing Office Address

717s.w.8th st.

Suite, Apt. #, etc.

City & State

dania beach fl. 33004

Zip

33004

Country

broward

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10-20-2004

5. FEI Number

90-0202269

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

clarence e. jones

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

717s.w.8th. st.

Suite, Apt. #, Etc.

City

hollywood fl.

State

FL

Zip Code

33004

☒ 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

REGISTERED AGENT MUST SIGN

Date 06-18-2008

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	clarence e. jones	717s.w.8th. st.	dania beach fl. 33004

B 6/25/08 06/25/08 000131673321
06/25/08 01006-002 **450.00

REINSTATEMENT 06-08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-18-2008 9546482745

Date

Daytime Phone #