

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 PH 12: 11

DOCUMENT # p04000131346

1. Corporation Name

cj "gator"sports restaurant inc.,

2. Principal Office Address - No P.O. Box #
2602n.22ave.

3. Mailing Office Address
717s.w.8th st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

hollywood fl.

City & State

dania beach fl. 33004

Zip
33020

Country
borward

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

Date 06-18-2008

REGISTERED AGENT MUST SIGN

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
		<i>B 6/25/08</i>	<i>06/25/08-01006-002 **450.00</i>
		<i>REINSTATEMENT 06-08</i>	

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 it made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-18-2008 9546482745

Date

Daytime Phone #