

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 JAN 31 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600116582466
01/31/08--01035--026 **1050.00

REINSTATEMENT
CR2E081(12/07)E08

| | | |
|--------------------------------------|---|--|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

DOCUMENT # 005000081653
1. Corporation Name
Papa Jimmy's Catfish & More, Inc.
P.O. Box 251
Canal Point FL 33438

2. Principal Office Address - No P.O. Box #
149 S. Lake Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 251
Suite, Apt. #, etc.

City & State
Pahokee FL
Zip
33476 Country
US

City & State
Canal Point FL
Zip
33438 Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 06-15-05

5. FEI Number
20-3221359 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
Richard L. Hefferman CPA
Street Address (P.O. Box Number is Not Acceptable)
151 Meander Circle
Suite, Apt. #, Etc.
City
Royal Palm Beach State
FL Zip Code
33411

☐ 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 Richard L. Hefferman
REGISTERED AGENT MUST SIGN

Date Jan. 29 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 | JAMES J. JONES | US Hwy 441 (12161) | CANAL POINT FL 33438 |
| VP | Georgia Jones | US Hwy 441 (12161) | CANAL POINT, FL 33438 |
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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: James J. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-29-08 561 924-9199
Daytime Phone #

B. Mitchell JAN 31 2008