

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

10 AUG -4 PM 1:09

**DOCUMENT # P05000146109**

1. Corporation Name

**The Cajun Grill at Governors Square Mall Inc**



**200182578142**  
06/24/10--01034--010 \*\*750.00

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

**1500 Apalachee Parkway**

3. Mailing Office Address

**1500 Apalachee Parkway**

Suite, Apt. #, etc.

**#1030**

Suite, Apt. #, etc.

**#1030**

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

Zip

**32301**

Country

**USA**

Zip

**32301**

Country

**USA**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**20-3725687**

☐ 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

**Chin-Ta Lin**

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

**4767 Planters Ridge Dr**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32311**

**200182578142**  
08/04/10--01030--004 \*\*300.00

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 **6/2/2010**

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	Chin-Ta Lin	4767 Planters Ridge Dr	Tallahassee FL 32311

**REINSTATEMENT**

10. E-mail Address: **seequare@carolina.rr.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:**

6/2/2010 850-877-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #