

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

09 NOV 30 PM 12:18

DOCUMENT # P05000149612

1. Corporation Name

St. Johns Pizza Grill

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

445 S.R. 13

Suite, Apt. #, etc.

Suite 12

City & State

Jacksonville, FL

Zip

32259

Country

USA

3. Mailing Office Address

445 S.R. 13

Suite, Apt. #, etc.

Suite 12

City & State

Jacksonville

Zip

32259

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 12/05

5. FEI Number
203751677

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

Ramon Eric Arnold

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

348 Summerset Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

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 11/22/09

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 |
|--------|-----------------------------------|--|-------------------------|
| Pres | Ramon Eric Arnold | 348 Summerset Drive | Jacksonville, FL. 32259 |
| V.P. | Pamela Arnold | 348 Summerset Drive | Jacksonville, FL. 32259 |
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| | | | |

500163195305
11/30/09--01075--008 **300.00

Handwritten notes:
08-09
B 12/11/09

10. E-mail Address: ericarnold@mac.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:

Ramon Eric Arnold

11/22/09

904-881-1355

SIGNATURE AND TYPED OR PRINTED-NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #