

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
10 APR 14 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000086832

1. Corporation Name

J & B RESTAURANT GROUP, INC.

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

4442 BAY VILLA AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33611

Country

USA

Zip

Country

400175652984
04/14/10--01002--007 **600.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/06

5. FEI Number

20-5124080

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN SIMONE, CPA

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

6439 CENTRAL AVENUE

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33710-8411

☒ 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 **04/06/10**

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	JAMES L McNORRILL	4442 BAY VILLA AVE	TAMPA FL 33611
S/T	BETTY L McNORRILL	4442 BAY VILLA AVE	TAMPA FL 33611

10. E-mail Address: **JIMMAC4519@AOL.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: Betty L McNorrill Betty L McNorrill

4/9/10 813-505-6196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/10