

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -9 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 206000130915

1. Corporation Name

CJ'S CARIBBEAN RESTAURANT INC

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

CINDY MOHAMMED

Suite, Apt. #, etc.

717 NORTH E ST.

City & State

LAKE WORTH FL

Zip

33460

Country

3. Mailing Office Address

160

Suite, Apt. #, etc.

160 NORTH MILITARY TR.

City & State

W.P.B. FL

Zip

33415

Country

REINSTATEMENT

CR2E081 (407)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-13-06

5. FEI Number

20-5706696

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

CINDY MOHAMMED

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

717 NORTH E ST.

Suite, Apt. #, Etc.

LAKE WORTH FL

City

State

FL

Zip Code

33460

☒ 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

CINDY MOHAMMED

REGISTERED AGENT MUST SIGN

Date

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
<u>PRES</u>	<u>CINDY MOHAMMED</u>	<u>717 NORTH E STREET</u>	<u>LAKE WORTH FL 33460</u>

100110527341
10/09/07--01023--017 **150.00

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:

Cindy Mohammed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/24/07

Daytime Phone #

B. Mitchell

OCT

0 2007

2082

MTH ACCOUNTING, INC.

3608 NEWPORT AVENUE
BOYNTON BEACH, FL 33436

TEL: (561) 432-0967
FAX: (561) 963-4742

Department of State Division
of Corporation
P O Box 6327
Tallahassee, FL 32314

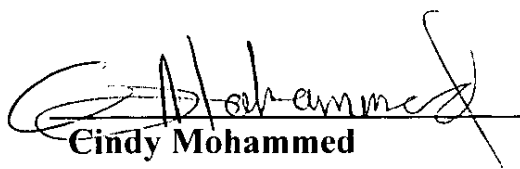
Monday, September 24, 2007

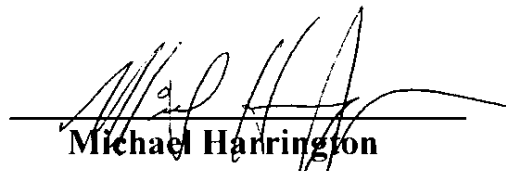
This letter is to acknowledge that Cindy Mohammed the sole officer of CJs Caribbean Restaurant, Inc. Doc. # P06000130915 never received an invoice notice from Department of Corporation as a result , Ms Mohammed was unaware that she had to pay the \$150.00 .

We request that you give her an exception since she was incorporate less than one year to be able to pay her \$150 and reinstate her Corporation.

Should you have any question, please call me at the above number.

Thank you,


Cindy Mohammed
President


Michael Harrington
Accountant