

APPROVED
AND
FILED

06 DEC 29 PM 3:54

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P33372					
1. Corporation Name Eateries, Inc.					
2. Principal Office Address 1220 S Santa Fe Ave Suite, Apt. #, etc.			3. Mailing Office Address 1220 S Santa Fe Ave Suite, Apt. #, etc.		
City & State Edmond, OK			City & State Edmond, OK		
Zip 33324	Country USA	Zip 33324	Country USA		

REINSTATEMENT 04-06

CR2E081 (12/06)

PSC

7. Name and Address of Current Registered Agent	
Name C T Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.			
Signature of Registered Agent 		Date 12/19/2006	
REGISTERED AGENT MUST SIGN John J. Linnihan - Assistant V.P.			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO +	Orza, Vincent F Jr	2001 Cambridge Way	Edmond, OK 73013
PCEO +	Burke, James M	408 Country Club Terrace	Edmond, OK 73003
VP +	Grow, Bradley L	2020 Mistletree Lane	Edmond, OK 73034
S +	Orza, Patricia L.	2001 Cambridge Way	Edmond, OK 73013
D	Orza, Edward	720 Garrison Ave	New York, NY 10474
T	Edwards, Jon	909 Putter Pl	Edmond, OK 73003
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, except the signature, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 12/19/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jon Edwards - Treas.		Daytime Phone # 405-705-5086	

FL010 - 01/06/2006 C T System Online

Florida Department of State
Division of Corporations
Public Access System

292

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000303606 3)))



H060003036063ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

EATERIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75

Electronic Filing Menu

Corporate Filing Menu

Help