

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043781**

1. Corporation Name

ISLAND RESTAURANT MANAGEMENT GROUP, INC.

Principal Place of Business

2163 PERIWINKLE WAY
SANIBEL FL 33957

Mailing Address

2163 PERIWINKLE WAY
SANIBEL FL 33957

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1994

5. FEI Number

65-0501946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RUFFNER, KENNETH B	897 XAVIER AVE	FT MYERS FL
VPST	IRWIN, PAMELA R	8274 E ROYAL CANADIAN	FT MYERS FL
P	RODERICK A. CRAIG	4940 Deer Ridge Drive N	Carmel, IN 46033
S/T	ROBERT CRAIG	5040 Beechtree Cir	Carmel, IN 46033
REINSTATEMENT 99			
175			

8. Name and Address of Current Registered Agent

RUFFNER, KENNETH B
2163 PERIWINKLE WAY
SANIBEL ISLAND FL 33957

9. Name and Address of New Registered Agent

Name
RODERICK A. CRAIG
Street Address (P.O. Box Number is Not Acceptable)
2163 PERIWINKLE WAY
Suite, Apt. #, Etc.
400003036054--5
-11/05/99--01044--001
City
SANIBEL
State
FL
Zip Code
33957

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Roderick A. Craig

REGISTERED AGENT MUST SIGN

Date

10/25/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Roderick A. Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/99

Daytime Phone #

FILED

99 OCT 28 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/99)