


AUDIT #(((H01000029400 8)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 22 PM 12:23

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** P94000065811

1. Corporation Name  
**CHATTERBOX BAR & GRILLE, INC.**

2. Principal Office Address c/o MC Assembly		3. Mailing Office Address c/o Thomas J. Wienckoski	
Suite, Apt. #, etc. 3991 Sarno Road		Suite, Apt. #, etc. 3991 Sarno Road	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32934	Country USA	Zip 32934	Country USA

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified To Do Business in Florida 08/31/1994	
5. FEI Number 59-3263934	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**James M. O'Brien, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**1686 West Hibiscus Blvd.**


Suite, Apt. #, Etc.

City  
**Melbourne**

State  
**FL**

Zip Code  
**32901**

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 **3/20/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Address 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
D	Terry C. Rossi	365 Carmel Drive	Melbourne, FL 32940
D	Thomas J. Wienckoski	220 Lansing Island Drive	Indian Harbour Bch, FL 32937

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 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:**  **Thomas J. Wienckoski, VP, Director** Date **3/22/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**  
 Katherine Harris, Secretary of State

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To:

Division of Corporations  
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From:

Account Name : O'BRIEN, RIEMENSCHNEIDER, KANCILIA & LEMONIDIS, P.A.  
 Account Number : 105204000476  
 Phone : (321)728-2800  
 Fax Number : (321)728-0002

**CORPORATION REINSTATEMENT**

**CHATTERBOX BAR & GRILLE, INC.**

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