

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 NOV -3 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95060057639**

1. Corporation Name

CRUISER'S GRILL, INC

2. Principal Office Address

319 23RD AVENUE S

Suite, Apt. #, etc.

3. Mailing Office Address

319 23RD AVENUE S

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

DUVAL

Zip

32250

Country

DUVAL

REINSTATEMENT 98-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/1995

5. FEI Number

593325574

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

DICK LEMON

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

319 23RD AVENUE S

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/30/2003

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
PRES	DICK LEMON	319 23 RD AVENUE S	JACKSONVILLE, FL 32250
S	COURTNEY SPRATT	176 SUMMERFIELD	Ponte Vedra Beach, FL
T	MIKE SPRATT	176 SUMMERFIELD	32082
			Ponte Vedra Beach, FL 32082

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:

[Signature] **DICK LEMON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03

Daytime Phone #

9042700356

CF25031 (10/02)