

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000064093		951222 PM 2:45 SOLICITOR GENERAL TALLAHASSEE, FLORIDA	
1. Corporation Name Tib's Restaurant, INC			
Principal Place of Business 11610 W Emerald Coast Parkway Destin, FL 32541		Mailing Address W 9900000000 Same	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-3362438	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Jerry Young	2033 Johnson Street Lafayette, LA 70503	Lafayette, LA 70503
C	Charles Goodson	106 Creekwood Drive	Lafayette, LA 70503
			*****2823238--9 -03/30/99--01032--018 ***1058.75 ***1058.75
			*****2823238--9 -03/30/99--01032--018 ****141.25 ****141.25
REINSTATEMENT 96-99			
8. Name and Address of Current Registered Agent Charles Goodson 80 Driscoll Dr Santa Rosa Beach, FL 32459		9. Name and Address of New Registered Agent Charles Goodson 11610 W Emerald Coast Parkway Destin FL 32541	
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 Charles Goodson REGISTERED AGENT MUST SIGN		Date	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See only side for information on intangible tax)			
12. 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)(b), 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: X Charles Goodson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			