

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082840

1. Corporation Name

R.J. GATOR'S OF STUART, INC.

Principal Place of Business

INDIAN STREET SHOPPES
US 1 AND INDIAN STS.
STUART FL 34997

Mailing Address

% REGINALD L. TIMOTEO
609 N. HEPBURN AVENUE, SUITE 100
JUPITER FL 33458

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/25/1995
City & State	City & State	5. FEI Number
Zip	Country	65-0701244
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TIMOTEO, REGINALD	609 N. HEPBURN AVENUE	JUPITER FL
D	TIMOTEO, MITCHELL	609 N. HEPBURN AVENUE	JUPITER FL

800004657838-3
-10/29/01--01087--001
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
TIMOTEO, REGINALD L 609 N. HEPBURN AVENUE SUITE 103 JUPITER FL 33458	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State

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

Reginald L. Timoteo
REGISTERED AGENT MUST SIGN

Date 10-16-01

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:

Reginald L. Timoteo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-01

Date

Daytime Phone #

CR2E040 (8/01)