


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**10/25/1995**

5. FEI Number

**65-0701244**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

**REINSTATEMENT**

**2001**



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

**TIMOTEO, REGINALD L  
609 N. HEPBURN AVENUE  
SUITE 103  
JUPITER FL 33458**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

**SIGNATURE REQUIRED**  
*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:

**SIGNATURE REQUIRED**  
*Reginald L. Timoteo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-16-01**

Daytime Phone #

CR2040 (8/01)