PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| · APPLICATION | |
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| REINS A EMA | M |

FLORIDA DEPARTMENT OF STATE Jim Smith

> Secretary of State DIVISION OF CORPORATIONS

P95000082840

1. Corporation Name

DOCUMENT #

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

FILED

02 NOV -4 PH 1: 36

TALLAHASSEE, FLORIDA



| If above | addresses are | incorrect in any way, line t | hrough incorrect | information a | and enter correction below. | | | | |
|--|---------------------|------------------------------|--|---|---------------------------------|---|------------------------------|--|--|
| New Principal Office Address, If Applicable 3. New M | | | 3. New Ma | New Mailing Office Address, If Applicable Suite, Apt. #, etc. | | Date Incorporated or Qualified To Do Business in Florida 10/05/1005 | | | |
| | | | 5. FFI Number | | | | | | |
| City & State | | | City & State | | | 65-0701244 Applie Not A | | | |
| Zip | | Country | Zip | | Country | — 6. CERTIFICATI | E OF STATUS DESIRED S | 8.75 Additional Fee required for a Certificate of Status | |
| 7. Names | and Street Add | fresses of Each Officer an | d/or Director (Flo | orida nonprof | it corporations must list at le | east 3 directors) | | | |
| Title(s) Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | | |
| Р | TIMOTEO, | REGINALD | | 609 N. H | EPBURN AVENUE | | JUPITER FL | | |
| D | D TIMOTEO, MITCHELL | | | 609 N. HI | EPBURN AVENUE | | JUPITER FL | | |
| | | | | | | *30.70 | | li e | |
| | | | | | | 11/04/0 | 00087903 201094018 | **150.00 | |
| | | | · | X | Zule | | | | |
| | 8. Name | and Address of Current | Registered Age | ent | 1 | 9. Name and A | ddress of New Registered | Agent | |
| TIMOTEO, REGINALD L 609 N. HEPBURN AVENUE SUITE 103 JUPITER FL 33458 10. I, being appointed the registered agent of the above named corporate | | | | | | | | | |
| | | | | City | City State Zip Code | | | | |
| Signature of Registered A | | egistered agent of the abo | | ~ | niliar with and accept the oi | bligations of Sectic | on 607.0505, F.S. or 617.050 | | |

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN



October 31, 2002

Department of State-Division of Corporations Annual Report/Reinstatement Section 409 East Gaines St. Tallahassee, FL 32399

Re: Application for Reinstatement Doc# P95000082840 – R.J.Gator's of Stuart, Inc.

To Whom It May Concern:

Enclosed is the completed application and fee for reinstatement. We did not receive the two previously sent (UBR) Uniform Business Report notices. If these previous notices were sent they must have been sent to an incorrect address or, recipient. We have no record in our office of ever receiving documents prior to the enclosed forms.

If there are any problems in reinstatement, please contact our office at (561)-748-6731.

Thank you for your cooperation and immediate attention to this matter.

Reginald Timoteo

CEO