

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 and the Secretary of State  
 DIVISION OF CORPORATIONS

**89500085835**

97 OCT 31 AM 9:45  
 SIGNATURE REQUIRED  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 95000085835

1. Corporation Name  
 ROCKY'S RIBS, INC.

Principal Place of Business Mailing Address  
 7520 Newberry Road  
 Gainesville, FL 32606

If above address is 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.		5. FEI Number	
City & State		City & State		59-337629	
Zip		Zip		Country	
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)

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
S D	Grace Wang	7520 Newberry Road	Gainesville, FL 32606
P T D	Grace Wang	7520 Newberry Road	Gainesville, FL 32606

100002338301-0  
 -11/05/97--01003--001  
 \*\*\*\*750.00 \*\*\*\*750.00

mp 11/4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Lawrence J. Marraffino	
Street Address (P.O. Box Number is Not Acceptable) 309 NE First Street	
Suite, Apt. #, Etc.	
City Gainesville	State FL
Zip Code 32601	

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: *Lawrence J. Marraffino* Date: 10/28/97  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other 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)(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: *Grace Wang* Grace Wang Date: 11/28/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (12/95)