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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		MAS	3/10400000						سر	
2. Principal	Office Address	current DR	3. Mailing Office Address _18907 ST-La	emist	ATT	NEN	99-	2 6 S		
Suite, Apt. #			Suite, Apt. #, etc.		4. Date Incorp					
City & State	iz, Fl	33228-	City & State LUTZ, FE	lori da	To Do Busin	ness in Flo 	onda 7	J	ed For	
3325	Co	untry USP		untry USA	6. CERTIFICATE		P 9 9 4 9 S DESIRED □ S	8.75 Additional For a Certificate	applicable se required of Status	
			7. Name and Addres	ss of Current Register	ed Agent					
	Name KiM T. HUYNH									
,	Street Address (P.O. Box Number is Not Acceptable) 18907 ST- Courtent DR									
	Suite, Apt. #, Etc.						<u> </u>			
	City 2	2012				State FL	Zip Code 33.5.	28		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Pate REGISTERED AGENT MUST SIGN										
9. Names	and Street Addres	ses of Each Officer and	Vor Director (Florida nonprofit con	porations must list at lea	ast 3 directors)					
Tilles	01	Name of ficers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
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10. 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.										
SIGNAT	TURE: 2	TURE AND TYPED OR PAI	M KIM NTED NAME OF SIGNING OFFICER	T HUNH OR DIRECTOR	2	/) /2		13-679- Jaytime Phone #	0443	

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466E-586-E18

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February 7, 2005

Department of State
Division of corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Cajun Café & Grill of University Mall, Inc.

Document Number: P96000059716

Gentlemen:

We are filing for restatement for the above referenced corporation as of January 1, 2005.

The notices were sent to an old address and the owner never received them and this is why the annual reports were not filed.

We are asking that you accept this reinstatement with us paying for the current year of 2005 as the Annual Notices were not received in the prior years as well as this year, but when checking in the computer we came upon the dissolution..

We are enclosing our reinstatement form and our check in the amount of \$400.00.

Also, for some reason the Federal ID number was incorrect on the original filing. The correct number is 59-3389949

Sincerely,

Kim T. Huynh

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7666-286-E18

manda h. Sexton

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