

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 SEP -5 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97 0000 72237**

1. Corporation Name
TJ's GOURMET PIZZA CAFE, INC.

2. Principal Office Address - No P.O. Box # 1515 Gulf Blvd.		3. Mailing Office Address 1515 Gulf Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Indian Rocks Beach, FL		City & State Indian Rocks Beach, FL	
Zip 33785	Country USA	Zip 33785	Country USA

4. Date Incorporated or Qualified To Do Business in Florida
08/18/1997

5. FEI Number
593475046

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thomas J. Smith

Street Address (P.O. Box Number is Not Acceptable)
1515 Gulf Blvd.

Suite, Apt. #, Etc.

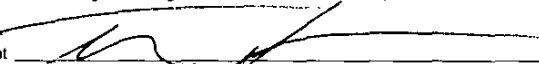
City
Indian Rocks Beach

State
FL

Zip Code
33785

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

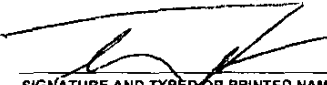
Signature of Registered Agent  Date **8/23/07**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Thomas J. Smith	1515 Gulf Blvd.	Indian Rocks Beach, FL 33785

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 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 contained in Chapter 119, 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:  **Thomas J. Smith** Date **8/23/07** Daytime Phone # **727-596-1515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

g/baw