

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085479

1. Corporation Name

MICHAEL J. DEMARIE, C.P.A., P.A.

2. Principal Office Address - No P.O. Box #
4700 NW BOCA RATON BLVD.

3. Mailing Office Address
4700 NW BOCA RATON BLVD.

Suite, Apt. #, etc.
SUITE 301

Suite, Apt. #, etc.
SUITE 301

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431

Country
USA

Zip
33431

Country
USA

7. Name and Address of Current Registered Agent

Name
MICHAEL J. DEMARIE

Street Address (P.O. Box Number is Not Acceptable)
4700 NW BOCA RATON BLVD.

Suite, Apt. #, etc.
SUITE 301

City
BOCA RATON, FL

State
FL

Zip Code
33431

07 FEB 13 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500089584695
02/27/07--01020--022 **300.00

REINSTATEMENT

05-07
SP

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 10/02/97

5. FEI Number
65-0304634

Applied For
Not Applicable

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

☒ 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

Michael J. Demarie

REGISTERED AGENT MUST SIGN

Date 1/29/07

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
P,D	MICHAEL J. DEMARIE	4700 NW BOCA RATON BLVD., #301	BOCA RATON, FL 33431

500089584695
02/27/07--01020--023 **150.00

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:

Michael J. Demarie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/07

Date

561-989-9900

Daytime Phone #

2/2

MICHAEL J. DEMARIE, C.P.A., P.A.
4700 N.W. BOCA RATON BOULEVARD
SUITE 301
BOCA RATON, FL 33431
Telephone: 561-989-9900

January 29, 2007

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

SUBJECT: Reinstatement of Michael J. DeMarie, C.P.A., P.A.

To Whom It May Concern:

I am the owner and president of Michael J. DeMarie, C.P.A., P.A. I formed my corporation in October, 1997. In the winter of 2004 I moved my corporate offices to a new address. I failed to inform the Division of Corporations of my new address.

Due to my move, I did not receive any copies of or any notices of my Uniform Business Reports. Since I did not receive any of these items I did not file with the Division of Corporations for my corporation for the years 2005 and 2006. I recently visited my attorney to ask a question about my corporation. He looked up the state records and informed me that my corporation had been "Administratively Dissolved". He informed me that I was required to file annual reports with the Division of Corporations to keep my corporation in good standing.

As I did not receive any papers from the Division of Corporations due to my moving, I never filed these for the years after my move. My attorney has prepared the enclosed Application for Reinstatement. By copy of this letter I am requesting a waiver of the Reinstatement Fee due to my never receiving any of the paperwork from the Division. My application contains my new mailing address. I have enclosed the annual report fees and corporate supplemental fees for the years 2005 and 2006. Based on my staying at the new address I will now be able to receive notices and will be fulfilling my annual obligations with the Division of Corporations in the future.

Upon the reinstatement of my corporation I will file my Uniform Business Report for my corporation for 2007.

Thank you for your cooperation in this matter. If you have any further questions in this matter, please do not hesitate to contact me

Very truly yours,



Michael J. DeMarie, President

MJD/jr

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 13 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S05427

1. Corporation Name

RONNIE'S TOO, INC.

REINSTATEMENT

2. Principal Office Address

313 Salmon Lane

Suite, Apt. #, etc.

City & State

Virginia Beach, VA

Zip

23456

Country

3. Mailing Office Address

313 Salmon Lane

Suite, Apt. #, etc.

City & State

Virginia Beach, VA

Zip

23456

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1990

5. EEL Number

58-1916117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Adams, CPA

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

1665 Kingsley Avenue

Suite, Apt. #, Etc.

Suite #100

City

Orange Park

State

FL

Zip Code

32073

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 12/13/06

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
PD	Rose Holley	313 Salmon Lane	Virginia Beach, VA 23456

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-28-06-757-301-3381

Ronnie's Too, Incorporated

313 Salmon Lane
Virginia Beach, VA 23456

292

November 28, 2006

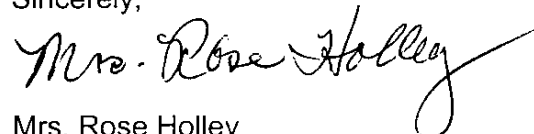
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporate Reinstatement
Ronnie's Too, Inc.
Document # S05427

I am requesting that the Reinstatement Fee be waived for Ronnie's Too, Inc. Enclosed you will find my Application for Corporation Reinstatement. This reinstatement is applicable for the years 2004, 2005 and 2006. During 2004, I spent 7 months in the hospital and rehabilitation and my husband and I subsequently sold the restaurant operations. Due to failing health, we moved to Virginia to be with family in 2005 and my husband—and former corporate president—passed away in January 2006. In the midst of all this, we never received any annual report notices for the years 2004, 2005 and 2006. Because of the extenuating circumstances and because we never received the annual report notices, we did not file our annual reports.

I am enclosing a check for \$450 for the Annual Report Fee for 2004, 2005, and 2006 (\$150 per year). Please waive the Reinstatement Fee and reinstate Ronnie's Too, Inc. Thank you for your consideration.

Sincerely,



Mrs. Rose Holley
President, Ronnie's Too, Inc.