

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -2 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000006680

**1. Corporation Name**

CJ'S KEYS EATERIES, INC.

**2. Principal Office Address**

92330 OVERSEAS HIGHWAY

**3. Mailing Office Address**

P.O. BOX 874

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER, FL

City & State

TAVERNIER, FL

Zip

33070

Country

USA

Zip

33070

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/19/1999

**5. FEI Number**

65-0888593

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

00-07

**7. Name and Address of Current Registered Agent**

Name

CHAD S. GARDNER

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

92330 OVERSEAS HIGHWAY

Suite, Apt. #, Etc.

City

TAVERNIER

State

FL

Zip Code

33070

100025161271  
12/02/03--01046--020 \*\*1203.75

**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

*Chad Gardner*

REGISTERED AGENT MUST SIGN

Date

11/24/03

**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	CHAD S. GARDNER	P.O. BOX 874	TAVERNIER, FL 33070

**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 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:

*Chad Gardner*

CHAD S. GARDNER

11/24/03

Date

305 853-5566

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (10/02)

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