

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 PM,12:43

DOCUMENT # P99000017937

1. Corporation Name

THE CHOP HOUSE OF JUPITER, INC.

Principal Place of Business

Mailing Address

~~2944 FLORIDA BLVD.~~
PALM BEACH GARDENS FL 33410

~~5944 FLORIDA BLVD.~~
PALM BEACH GARDENS FL 33410

(b) (7)(C), (b) (7)(D)

REINSTATEMENT

070

If above addresses are 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

02/24/1999

5. FEI Number

2	Applied For
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Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

**\$5.75 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	4 City / State / Zip
D	COURNOYER, STEPHEN	9477 ALTERNATE A1A 0278 COUNTRY OAKS LANE	LAKE PARK FL 33410 Palm Beach Gardens, FLA 33410
			<div data-bbox="953 1064 1386 1110">800003515208--3</div> <div data-bbox="953 1110 1386 1157">-12/28/00--01016--002</div> <div data-bbox="953 1157 1386 1203">****758.75 ****758.75</div> <div data-bbox="953 1203 1386 1251">12/26</div>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COURNOYER, STEPHEN
~~9477 ALTERNATE ATA~~
~~LAKE PARK FL 33410~~

Name

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

2278 COUNTRY OAKS LANE
Suite, Apt. #, Etc.

City

State	
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Zip Code

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

Date _____

REGISTERED AGENT MUST SIGN

11. 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)(j), 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 #

CR2E040 (8/00)