

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

01 FEB 16 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

00-0143R

DOCUMENT # P99000024961

1. Corporation Name
French Quarter Restaurant, Inc. d/b/a Cafe New Orleans

2. Principal Office Address <u>3695 Scenic Hwy 98</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>#701</u>		Suite, Apt. #, etc.	
City & State <u>Destin FL</u>		City & State	
Zip <u>32550</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/2/99

5. FEI Number 59-3570832 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 Matthew L. Pepper 500003746235

Street Address (P.O. Box Number is Not Acceptable) 3695 Scenic Hwy 98 -02/21/01-01113-011

Suite, Apt. #, Etc. #701 ***300.00 ***300.00

City Destin State FL Zip Code 32550

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 [Signature] Date 2/16/01

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
Pres	<u>Danjean, Ernie</u> <u>3695 Scenic Hwy</u> <u>Destin Fla.</u>	<u>3695 Scenic Hwy 98</u>	<u>Destin / Fla / 32550</u>
Sec	<u>Danjean, Dawn</u>	<u>" " " "</u>	<u>" " "</u>

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: [Signature] Date 2/16/01 (850) 837-7939 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)

2/16/01

To Whom it may concern

Re French Quarter Restaurant, Inc

- We did not know that the corp had been administratively dissolved. We found out by looking on the web page. We never got a copy of the renewal letter/annual report form.

