

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000033662

1. Corporation Name

Club T- Ray Restaurant & Lounge Inc. Of Riviera Beach, Florida

2. Principal Office Address - No P.O. Box #
1101 Old Dixie Highway

Suite, Apt #, etc.

3. Mailing Office Address
139 Bilbao Street

Suite, Apt #, etc.

City & State
Riviera Beach, FL

Zip Country
33404 USA

City & State
Royal Palm Beach, FL

Zip Country
33411 USA

7. Name and Address of Current Registered Agent

Name
Elizabeth Nelson

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

Suite, Apt. #, Etc.

City State Zip Code
Royal Palm Beach, FL 33411

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 Elizabeth Nelson
REGISTERED AGENT MUST SIGN

Date 6/16/10

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	Damon Ware	139 Bilbao Street	Royal Palm Beach, FL 33411
T	Elizabeth Nelson	139 Bilbao Street	Royal Palm Beach, FL 33411

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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: Elizabeth Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JUN 21 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-10

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06/21/10--01059--029 **1508.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 3/29/1999

5. FEI Number
65-0908857

☐ Applied For
☐ Not Applicable

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

6/22-2