

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JAN 09 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **570983**

1. Corporation Name

**M&J Bar-B-Q Services Inc.**

2. Principal Office Address

**7730 W. Oakland Pk Blvd**  
Suite, Apt. #, etc.

**N/A**

City & State

**Sunrise FL**

Zip

**73351**

Country

**U.S.A.**

3. Mailing Office Address

**7730 W. Oakland Pk Blvd**  
Suite, Apt. #, etc.

**N/A**

City & State

**Sunrise FL**

Zip

**73351**

Country

**U.S.A.**

**REINSTATEMENT 96-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1991**

5. FEI Number

**65-0275231**

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

**Robert Scott**

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

**10217 NW 83rd St**

Suite, Apt. #, Etc.

City

**Tamarac**

State

**FL**

Zip Code

**33321**

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

**Robert Scott**

REGISTERED AGENT MUST SIGN

Date

**1/8/03**

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	Robert Scott	10217 NW 83rd St	Tamarac, FL 33321
S	Robert Scott	"	"

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:

**Robert Scott**

**Robert Scott**

Date

**1/8/03**

Daytime Phone #

**(954) 741-6580**

202

January 8, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399  
Attention: Kathy Ashton

Dear Ms. Ashton,

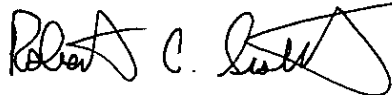
Enclosed you will find my corporation reinstatement application. Per our conversation on Wednesday, January 8, 2003, I am asking you to waive the reinstatement fee. The Department of State had the wrong address, and I never received renewal forms or information.

M & J Bar-B-Q Services Inc.  
7730 West Oakland Park Boulevard  
Sunrise, Florida 33351  
Federal ID # 65-0275231

I have included in this package a check to have my corporation brought up to date. Thank you for your immediate attention to this problem. Please do not hesitate to call me with any problems or concerns.

Thank You,

(954) 741-6580



Robert C. Scott