

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V45646**

1. Corporation Name

CJ Restaurant Enterprises, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 21623

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 21623

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33335

Country

Zip

33335

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/19/92

5. FEI Number

65-0345177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	James E. Brown, Jr.	8899 Northwest 70th Ct.	Parkland, Florida
VSD	Christopher B. Waldera	1323 Southeast 3rd Avenue	Fort Lauderdale, FL 33316

8. Name and Address of Current Registered Agent

Christopher B. Waldera
1225 Southeast 2nd Avenue
Fort Lauderdale, Florida 33316

9. Name and Address of New Registered Agent

Name

Christopher B. Waldera

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

1323 Southeast 3rd Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

Chris B. Waldera

REGISTERED AGENT MUST SIGN

Date

10/23/97

11. Does this corporation pay any intangible tax to the
Dep't. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Chris B. Waldera, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher B. Waldera, Vice President

10/23/97
Date

954-764-0005
Daytime Phone #

CR20040 (12/96)