APPROVED
AND
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06 DEC 29 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33372

1. Corporation Name

Eateries, Inc.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1220 S Santa Fe Ave	1220 S Santa Fe Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Edmond, OK	City & State: Edmond, OK
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/1991

5. FEI Number: 73-1230348 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: John J. Limithan - Assistant V.P. Date: 12/19/2006

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
CEO → D	Orza, Vincent F Jr	2001 Cambridge Way	Edmond, OK 73013
PCEO → D	Burke, James M	408 Country Club Terrace	Edmond, OK 73003
VP → D	Grow, Bradley L	2020 Mistletoe Lane	Edmond, OK 73034
S → D	Orza, Patricia L.	2001 Cambridge Way	Edmond, OK 73013
D	Orza, Edward	720 Garrison Ave	New York, NY 10474
T	Edwards, Jon	909 Putter Pl	Edmond, OK 73003

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 contained in Chapter 119, 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: Jon Edwards - Treas. 12/19/2006 405-705-5086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 01/04/2006 CT System Online

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

EATERIES, INC.

Certificate of Status	1
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