
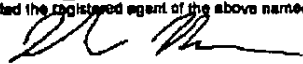



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
 2014 JAN 22 PM 12:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F93000004730					
1. Corporation Name SPAGHETTI WAREHOUSE RESTAURANTS OF AMERICA, INC.					
2. Principal Office Address - No P.O. Box # 18632 Sarazen Court Suite, Apt. #, etc.			3. Mailing Office Address 1 City Blvd W Suite, Apt. #, etc. 1450		
City & State Yorba Linda, CA			City & State Orange, CA		
Zip 92886	Country USA	Zip 92868	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 10/20/1993	
				5. FEI Number 75-2504207	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South 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  Jordan Brown, Assistant Secretary CT Corporation System Date 01/13/2014 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
CEO	Doug Pak	18632 Sarazen Court		Yorba Linda, CA 92886	
				S. HAWKES	
				JAN 22 A.M.	
				EXAMINER	
10. E-mail Address: <u>armando.garcia@frandeligroup.com</u> (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.					
SIGNATURE: 		Doug Pak		Date 1/16/14	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

CORPORATION REINSTATEMENT  
SPAGHETTI WAREHOUSE RESTAURANTS OF AMERICA, INC.

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