

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

99 JUN 20 PM 3:30  
CORPORATION  
REINSTATEMENT

**DOCUMENT # K70078**

1. Corporation Name

Florida Giordano Enterprises, Inc.

Principal Place of Business

Mailing Address

8550 Aetna Road  
Cleveland, Ohio 44105

8550 Aetna Road  
Cleveland, Ohio 44105

**REINSTATEMENT 10-99**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

March 3, 1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1614648

Applied For

Not Applicable

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Anthony J. Giordano, Jr.	1860 Surrey Place	Gates Mills, OH 44040
Chairman	Anthony J. Giordano, Sr.	1959 Som Center Road	Gates Mills, OH 44040
Secy./Treas.	David Giordano	199 Willow Lane	Chagrin Falls, OH 44022

800002921328--9  
-07701799-01080-029  
\*\*12087.75 \*\*\*1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Connie Bryan*

**CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY

Date

6/30/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Connie Bryan* PRESIDENT

6/29/99

Date

Daytime Phone #