

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

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FILED
05 APR - 1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA
REINSTATEMENT 04/14/05



DOCUMENT # P00000112858			
1. Entity Name EXPRESS WINGS OF PINELLAS, INC.			
Principal Place of Business 2710 GULF TO BAY BLVD CLEARWATER, FL 33759		Mailing Address 2710 GULF TO BAY BLVD CLEARWATER, FL 33759	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RYBAK, JOSEPH 2710 GULF TO BAY BLVD CLEARWATER, FL 33759		Name JOSEPH Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Joseph F. Rybak</u>		JOSEPH F. RYBAK 3/14/2005	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYBAK, JOSEPH 2710 GULF TO BAY BLVD CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSEPH F. RYBAK 1719 BEACH BLVD LOT 1045 JACKSONVILLE, FL 32252 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYBAK, KAREN 2710 GULF TO BAY BLVD CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200049827712 04/04/05--01081--021 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Joseph F. Rybak</u>		PRESIDENT 3/14/2005 9042239196	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

APR 01 2005

PS 292

EXPRESS WINGS OF PINELLAS

FIN 59-3685-947

14019 BEACH BLVD LUT 1045

JACKSONVILLE, FL 32250

To TIM ROBERTS

I am asking for a waiver on my
Renstatement as I did not receive any
notice for 2004. After going into
bankruptcy, I moved to JACKSONVILLE,

Thank you

Joseph Rybak President
(JOSEPH RYBAK)