

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN 21 PM 1:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000049883

1. Corporation Name THE ITALIAN GRILL, INC.

Principal Place of Business 8620 S. TAMiami TRAIL SARASOTA FL 34232 US Mailing Address 8620 S. TAMiami TRAIL SARASOTA FL 34232 US



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 07/12/1993 5. FEI Number 65-0430075 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include DST TRIPOLI, COSIMO; DP VISCONTI, FRANK; DVP GIANCINTO, AURELIO.

REINSTATEMENT 99-00

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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name: Visconti, Frank Street Address: 8620 S. Tamiami Trail City: Sarasota State: FL Zip Code: 34232

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: [Signature] REGISTERED AGENT MUST SIGN Date: 1-19-2000

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., 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1-19-2000 Daytime Phone #

200003116532--5 -01/31/00--01113--022 ****750.00 ****750.00