

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 OCT -3 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070079

1. Corporation Name AMATO'S OF NEW YORK, INC.

WP7-216629

Mailing Address Principal Place of Business
23123 State Road 7, #350B Boca Raton, FL 33428

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable 2901 North Federal Highway
3. New Principal Office Address, If Applicable 2901 North Federal Highway

4. Date Incorporated or Qualified To Do Business in Florida 9/12/95

Suite, Apt. #, etc.

5. FEI Number 65-0687753 Applied For Not Applicable

City & State Boca Raton, FL

Zip 33431 Country USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Brian M. Casserly	2901 North Federal Highway	Boca Raton, FL 33431
			988882313999 -2 -10/07/97--01054--001 ****915.00 ****915.00

REINSTATEMENT

9/13/97
10/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dennis C. McDevitt, Esquire
23123 State Road 7, Suite 350-B
Boca Raton, FL 33428

Name Brian M. Casserly
Street Address (P.O. Box Number is Not Acceptable) 2901 North Federal Highway
Suite, Apt. #, Etc.
City Boca Raton State FL Zip Code 33431

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 9/13/97

11: If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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]* 9/29/97 561-997 4492

CR20040 (6-94)