

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097938

1. Corporation Name

PATIO GRILL, INC.

Principal Place of Business

270 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701

Mailing Address

270 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1995

5. FEI Number

59-3351834

Applied For

Not Applicable

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
PD	KRANIAS, STEVE	270 FIRST AVENUE NORTH	ST. PETERSBURG FL 33701
VTD	KRANIAS, TINA	270 FIRST AVENUE NORTH	ST. PETERSBURG FL 33701
SD	KRANIAS, PERRY	270 FIRST AVENUE NORTH	ST. PETERSBURG FL 33701

4000002380074--7
-12/23/97--01021--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KOUKIANOS, TOM
210 SOUTH PINELLAS AVENUE STE 172
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

12/14/97

11. This corporation owes or has paid 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

12/14/97

Date

Daytime Phone #

FILED

97 DEC 17 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (9/97)