

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 MAR -6 PM 4:08  
SECRETARY OF STAT.  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078641

1. Corporation Name

Feinkost Restaurants, Inc

100005108301--1  
-03/14/02--01060--001  
\*\*\*1500.00 \*\*\*1500.00

2. Principal Office Address

6897 SW 18 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33433

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9.20.96

5. FEI Number

65-0705666

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Georgios Vogiatzis

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

10787 Santa Rosa Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 2.19.02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Georgios Vogiatzis	10787 Santa Rosa Dr.	Boca Raton, FL 33498

97-02

REINSTATEMENT

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10. 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

2.19.02

Date

Daytime Phone #

CR2E081 (9/01)