

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 22 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044725

1. Corporation Name

GTO'S GREAT TAKE OUT, INC.

Principal Place of Business

Mailing Address

3455 HIATUS RD.  
SUNRISE FL 33351

3455 HIATUS RD.  
SUNRISE FL 33351

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



REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/20/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0757741	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	SLATER, RANDALL S	3455 HIATUS RD.	SUNRISE FL 33351
D	ZOTTOLI, ANTHONY	3455 HIATUS RD.	SUNRISE FL 33351
			LS
			700003071007--6 -12/15/99--01054--014 ***908.75 ***908.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SLATER, RANDALL S 3455 HIATUS RD. SUNRISE FL 33351		Name Anthony Zottoli Street Address (P.O. Box Number is Not Acceptable) 3455 HIATUS RD. Suite, Apt. #, Etc.	
		City SUNRISE	
		State FL	
		Zip Code 33351	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent: *Anthony Zottoli* REGISTERED AGENT MUST SIGN Date: 11/18/99

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: *Anthony Zottoli* Anthony Zottoli 11/18/99 954-746-5252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #

CR2E040 (9/98)