2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000083591

1. Entity Name
FRATELLIS ITALIAN RESTAURANT, INC.

FILED
04 DEC 30 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11122004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
1684 S FEDERAL HWY DELRAY BCH, FL 33483	1684 S FEDERAL HWY DELRAY BCH, FL 33483

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3467044
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUBOSAR, HOWARD D
GREENBERG TRAURIG, P.A.
2255 GLADES RD., STE 419A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name c/o David Datlof

Street Address (P.O. Box Number is Not Acceptable) 1684 S. Federal Hwy

City Delray Bch FL Zip Code 33483

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DATLOF, DAVID 1684 S FEDERAL HWY DELRAY BCH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100043169481 12/03/04--01030--016 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/1/04 561-964-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #