

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 16 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A 97 000 00 1798**

1. Name of Limited Partnership

**WIKTS RESTAURANT GROUP &
Boca Raton, LTD**

2. Principal Office Address

8903 GLADES RD

Suite, Apt. #, etc.

City & State

Boca RATON FLA

Zip

33434

Country

USA

3. Mailing Office Address

8903 GLADES RD

Suite, Apt. #, etc.

City & State

Boca RATON FLA

Zip

33434

Country

USA

8. Name and Address of Current Registered Agent

Name

PAUL VITTOROUS

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

20305 Boca WEST DR # 1906

Suite, Apt. #, Etc.

- 1906

City

Boca Raton FLA

State

FL

Zip Code

33434

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Paul Vittorelli

DATE **12-18-2000**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

WIKTS OF Boca INC.

65-0845708

8903 GLADES RD

Boca RATON FLA

33434

P

97000072285

REINSTATEMENT 2000-2001

**COFF - 526.25
COFF - 500.00
OIFF - 526.25
OIPP - 500.00**

900003853119--1

-03/15/01--01006--007

*****1026.25 ***1026.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Paul Vittorelli

DATE

12/17/00

Typed or Printed Name of General Partner Signing Form

Telephone Number

861-488-8881

CR2E039 (11/99)