

2006 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # F03000005169

1. Entity Name
PASSPORT RESTAURANTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 11:03

REINSTATEMENT 06

Principal Place of Business
5950 HAZELTINE NATIONAL DRIVE, #290
ORLANDO, FL 32822

Mailing Address
~~20 N ORANGE AVE~~ 804 Pier View Way
~~SUITE 600~~ Suite 208
~~ORLANDO, FL 32801~~ Oceanside, CA 92054

200082100622

11/28/06--01033--025 **150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11132006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number
11-3698802

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, CHRISTOPHER R	
STREET ADDRESS	5950 HAZELTINE NATIONAL DRIVE, #290	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARBONE, STEVE	
STREET ADDRESS	804 PIER VIEW WAY, STE 208	
CITY-ST-ZIP	OCEANSIDE, CA 92054	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CREED, JOHN M	
STREET ADDRESS	804 PIER VIEW WAY, #208	
CITY-ST-ZIP	OCEANSIDE, CA 92054	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULP, CYLDE	
STREET ADDRESS	197 HIDDEN POINT	
CITY-ST-ZIP	ANNAPOLIS, MD 21401	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, CHRISTOPHER R	
STREET ADDRESS	5950 HAZELTINE NATIONAL DRIVE, #290	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CARBONE, STEVE	
STREET ADDRESS	804 PIER VIEW WAY, # 208	
CITY-ST-ZIP	OCEANSIDE, CA 92054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl K. Skorupski	
STREET ADDRESS	804 PIER VIEW WAY, # 208	
CITY-ST-ZIP	OCEANSIDE, CA 92054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steve Carbone STEVE CARBONE

11/21/06 760/754-2722
Date Daytime Phone #

To: The Florida Department of State.

Dear Sir or Madam,

While the information in the attached Reinstatement Form is true and correct, we did not receive the notice from the Florida Department of State for Passport Restaurants, Inc., document number F03000005169. Therefore we ask the Department of State to waive the \$600 reinstatement fee associated with the attached form.

Signature Steve Carbone

Name Steve Carbone

Title Secretary

Date 11/21/06