

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 9:59

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # K40438

1. Corporation Name FLACO RESTAURANT, INC.

Principal Place of Business 2212 TAMiami TRAIL NORTH NAPLES FL 33940 Mailing Address 2212 TAMiami TRAIL NORTH NAPLES FL 33940



REINSTATEMENT 02

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

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business in Florida 10/21/1988 5. FEI Number 65-0148285 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, FIGUEROA, TITO, 88 HOLLYWOOD DR 104 East Main St, OAKDALE NY East Juliet 11730

200009148102 11/21/02--01049--010 **750.00

8. Name and Address of Current Registered Agent

MEJIO, RAUL 2212 N. TAMiami TRAIL NAPLES FL 33940

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 1/6/03

11. 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 11/13/02-6312777398

Date Daytime Phone #

CR2E040 (802)