

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CLERK OF THE
DIVISION OF CORPORATIONS

04 MAR -4 PM 3:46

DOCUMENT # **K47516**

1. Corporation Name

CENTRAL FLORIDA DINERS, INC.

REINSTATEMENT 03-04

300029876019
03/04/04--01031--010 **300.00

2. Principal Office Address

8200 OAK PARK RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

3. Mailing Office Address

8200 OAK PARK RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

11-21-1988

5. FEI Number

592877795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARMINE PUGLIESE

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

8200 OAK PARK RD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	CARMINE - PUGLIESE	8200 OAK PARK RD	ORLANDO FL. 32819
V.P.	LISA - PUGLIESE		
TRE.	LISA PUGLIESE		
SEC.	LISA PUGLIESE		
ASST.	CARMINE PUGLIESE		

10. 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

Date

Daytime Phone #

2-10-04 (407) 298-9429

CR2E081 (01/04)