

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K76969

FILED
Oct 06, 2005
Secretary of State

Entity Name: ANGELOTTI RESTAURANT OF LEE COUNTY, INC.

Current Principal Place of Business:

7050 WINKLER ROAD
UNIT 102
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

7050 WINKLER ROAD
UNIT 102
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0113346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, LEIGH M.
4002 DEL PRADO BLVD.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LEIGH M. FISHER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: BAKER, JAMES
Address: 8805 LATEEN LANE #102
City-St-Zip: FORT MYERS, FL 33919

Title: DPT () Delete
Name: BAKER, JOANN
Address: 8805 LATEEN LANE #102
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: BAKER, JAMES
Address: 4604 SE 5TH PLACE #103
City-St-Zip: CAPE CORAL, FL 33904

Title: DPT (X) Change () Addition
Name: BAKER, JOANN
Address: 4604 SE 5TH PLACE #103
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN C. BAKER

DPT

10/06/2005

Electronic Signature of Signing Officer or Director

Date