2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 01, 2004
Secretary of State

DOCUMENT# L03000035674

Entity Name: STAMATIS FAMILY RESTAURANT, LLC

Current Principal Place of Business:

3095 ST. JAMES STREET
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3095 ST. JAMES STREET
PORT CHARLOTTE, FL 33952

New Mailing Address:

1186 SANDY ST
PORT CHARLOTTE, FL 33952

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOTITZKY, HAL ESQ.
223 TAYLOR STREET
PUNTA GORDA, FL 33950 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: STATHARAS, STAMALOS
Address: 3095 ST. JAMES STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM ( ) Delete
Name: KOUROUPI, ZOI
Address: 3095 ST. JAMES STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STATHARAS, STAMELOS
Address: 3095 ST. JAMES STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: STATHARAS, STAMELOS
Address: 1186 SANDY ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Change (X) Addition
Name: KOUROUPI, ZOI
Address: 1186 SANDY ST
City-St-Zip: PORT CHARLOTTE, FL 33952

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WOTITZKY HAL MGRM 11/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date