PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUN 10 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000018138

1. Corporation Name
Pam's Country Restaurant II, Inc.

2. Principal Office Address	3. Mailing Office Address
11610 & 11612 US 19 N.	11610 & 11612 US 19 N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey, FL	City & State: PORT RICHEY FLORIDA
Zip: 34668 Country: PASCO	Zip: 34668 Country: PASCO

4. Date Incorporated or Qualified To Do Business in Florida: 2/21/00

5. FEI Number: 59-362 5442 ☐ 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: JAMES KALATHAKIS

500005900965--9
-06/21/02--01036-003
****900.00 ****00.00

Street Address (P.O. Box Number is Not Acceptable): 11610 & 11612 U.S. 19 N

Suite, Apt. #, etc.:

City: PORT RICHEY, FL State: FL Zip Code: 34668

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: X James Kalathakis Date: 6-6-02
REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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	JAMES KALATHAKIS	2716 BOXELDER DR PORT RICHEY, FL 34668	PORT RICHEY, FL 34668
SEC	PAM KALATHAKIS	2716 BOXELDER DR PORT RICHEY, FL 34668	PORT RICHEY, FL 34668

PRESENT 01-0618

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: X James Kalathakis 6-6-02 JAMES KALATHAKIS (727) 819-2744